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A GREETING FROM MICHIGAN

NURSES of America, your Michigan sisters are busily preparing for your visit to the convention city, Detroit, June 16th to 21st. You may remember with what insistence we urged your acceptance of "The Land of the Wolverine, the flivver, the roadster, and the limousine" for the 1924 meeting and with characteristic enthusiasm we expect you all to come. You will want value received from the investment of your time, energy and money in the Biennial Convention. We promise that your dividends will be: renewed inspiration, strengthened purpose, increased professional knowledge, a fresh outlook, the joy of meeting old friends and making new ones, a needed change from routine duties, yes—a good time.

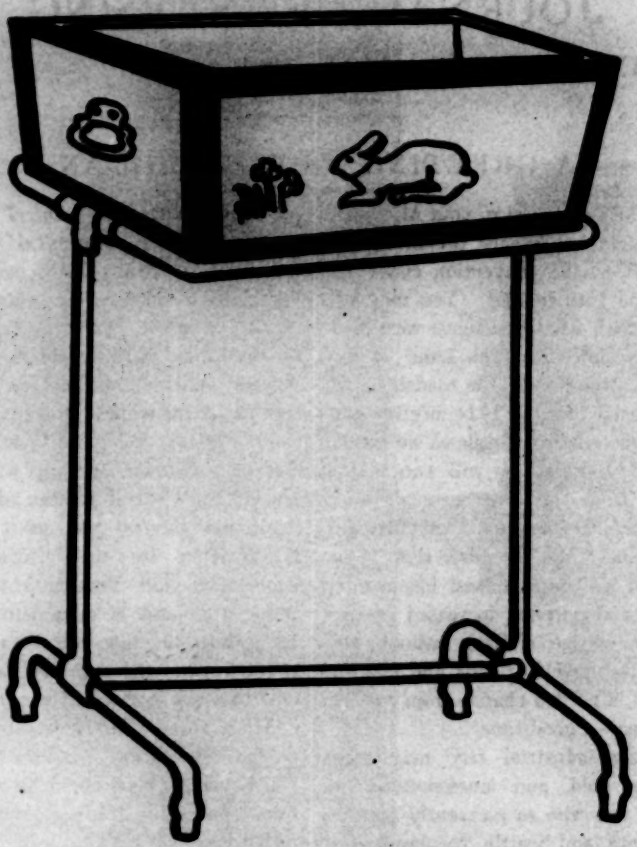
Our big industrial city may seem strangely cold and unresponsive to those of you who so pleasantly remember Atlanta, and Seattle, yet despite the barriers of space and congestion our community spirit is very strong. You will find evidence of it in the coöperation of the social and medical agencies, both private and public. There are seventy-one private federated agencies that are members of the Detroit Community Union, 316 Jefferson Ave. East.

You will want to know something about our hospitals; the training schools for nurses with their central plan for teaching certain theoretical subjects; and to visit two of the newest and "homiest" residences for nurses. The Nurses' Central Directory maintained by the First District of Michigan State Nurses' Association deserves your attention for the manner in which it serves the public. It is located in the Central Bureau of Nursing Building, 4708 Brush Street; the Central Bureau of Nursing itself may interest you, as it provides headquarters for the Visiting Nurse Association and Visiting Housekeeper Association and is administered by a committee, the members of which are selected from the organizations of the city that are interested in nursing.

There will be an Information Booth at the Convention Headquarters from which you may obtain data and directions concerning the places of interest which you may wish to visit.

The Michigan nurses bid you welcome to the good fellowship of the Convention, the fruits of the fine program with such speakers as Dr. George Vincent, Dr. Charles P. Emerson, Dr. Haven Emerson and many of the foremost leaders of our own profession and to the opportunities which our state and city may afford for your recreation and further education.

AN UNUSUAL BASSINETTE



This bassinette is in use at the Fifth Avenue Hospital, New York City.

The baskets are made of fibre and varnished.

The standards are of enamelled metal.

The bottom of the basket is perforated, to permit ventilation.

They are easily isolated and cleaned.

They are light, easily lifted by the brass handles, and can be taken, three at a time on an ordinary stretcher, to the mothers' rooms.

The baskets are attractively decorated and each one carries a number to correspond with that of the mother's room.

BLOOD GROUPING

By Florence K. Wilson, B.A., R.N.

VERY early in the study of blood transfusion, it was found that the blood of one species of animals agglutinated or clumped the cells of the blood from an animal of a different species. Later it was found that this might occur when the blood of one man was mixed with the blood of another man. These agglutinins in man are called isohemagglutinins or iso-agglutinins.

It has been found in blood transfusions that if the cells of the donor are agglutinated by the serum of the recipient very serious reactions, even death, may result. These reactions are due to the formation of emboli which lodge in the heart or the brain. It is very important then that we know what iso-agglutinins are present in the blood of both the recipient and the donor.

Jansky made the first complete group of individuals according to the iso-agglutinins present. He found that all individuals may be divided into four groups. Group characteristics develop during the first year of life and with very few exceptions are retained throughout life.

In Group I the serum contains both agglutinins A and B. It clumps the cells from Group II, III and IV so a recipient in Group I should receive Group I blood.

In Group II the serum contains an agglutinin known as agglutinin A. It will cause the clumping of cells from individuals in Group III and IV. Therefore a recipient in Group II should receive blood from Group I or II.

In Group III the serum contains an agglutinin termed agglutinin B. It will agglutinate cells from Groups II and IV. So a recipient in Group III should receive Group I or III blood.

Group IV serum contains no iso-agglutinins and therefore does not agglutinate the corpuscles of the individuals from the same or any other group. This makes him a universal recipient. He can receive blood from any group.

In studying these groups it is evident that individuals in any group can safely receive the blood of individuals in Group I. This makes Group I individuals the universal donors. Although Groups I, II, III and IV may take Group I blood, Karsner believes that Group II individuals should have blood from Group II and Group III from a Group III individual whenever possible.

The group division among the population is approximately as follows:

Group I comprises 43%
Group II comprises 40%
Group III comprises 10%
Group IV comprises 7%

The Moss grouping differs from the Jansky in that Groups I and IV are interchanged. Because of the danger of confusion in using two groupings, it has been recommended that the Jansky grouping be adopted because of priority.

The group of an individual may be very quickly ascertained by Lee's method. One drop of blood from the ear lobe of the individual being grouped is allowed to drop into a test tube containing 1.0 c.c. of sterile normal saline solution. One drop of this suspension is mixed on a hanging drop slide with a drop of known Group II serum, one

drop with a known Group III serum and one drop with Group I serum as a control. A platinum loop may be used for measuring the drops and for careful and gentle mixing. The results are observed under the low power of the microscope or with a hand lens at the end of five minutes. When agglutination is present, the cells will be seen closely clumped; while separation of the cells through the major portion of the drop is absence of agglutination.

The group may be determined with the aid of this chart, a plus sign representing the clumping of corpuscles, a minus sign representing the reverse:

	Group I Serum (Control)	Group II Serum	Group III Serum
Effect upon cells of Group I	—	—	—
Effect upon cells of Group II	+	—	+
Effect upon cells of Group III	+	+	—
Effect upon cells of Group IV	+	+	+

Normally the cells of the blood are constantly being destroyed and new ones made, the dissolved parts of the serum are constantly being used and replaced. The blood which is given in transfusions does not long remain unchanged in the body of the recipient. In a short time it would be entirely replaced by new blood elements from the body cells.

When transfusions were first used in hospitals the tendency was to use another member of the same family as donor. Subsequent experience has shown that blood grouping does not follow family lines. Neither does it seem to follow racial lines. At Lakeside Hospital the donor for a colored patient is sometimes a white man. Colored people are not used as donors for white people because of the high frequency of blood infections in the colored race.

Although loosely we speak of colored blood, or Indian blood, experience seems to indicate that a classification of bloods must be along lines of biology. Biologically the blood of a colored man may not be like that of another colored man, but like that of a white man. It seems unlikely that there can be any change in racial characteristics of the recipient due to blood transfusion.

BIBLIOGRAPHY.—Manual of Clinical Laboratory Methods, C. L. Cummer, M.D.

WHO IS THE STUDENT NURSE?

She is the person who is going to carry on what you have started.

She is to sit right where you are sitting and attend to those things you think are so important when you are gone.

You may adopt all the policies you please, but how they will be carried out depends on her.

All your work is going to be judged and praised or condemned by her.

Your reputation and your future are in her hands.

So why not consider her point of view now?

Adapted from "What Is a Boy?"

THE NURSE'S PART IN THE CONTROL OF CANCER[1]

By J. S. Horsley, Jr., M.D.

CANCER was written of as early as 1500 B. C. Herodotus, the historian, wrote that in 520 B. C. Democedes, the great Greek physician, cured the daughter of the King of Persia, of cancer. From this you may see that the cancer problem is by no means a new one. In 1800 A. D., Buchan, a distinguished physician of Edinburgh stated:

> One misfortune attending the disease (cancer) is, that the unhappy patient often conceals it too long. Were proper means used in due time, a cancer might be cured; but after the disorder has arrived at a certain height it generally sets all medicine at defiance.

This statement of a hundred and twenty-four years ago is still true, as the vast majority of patients with cancer will not come for treatment until the disease is well advanced and the chance for cure is accordingly greatly diminished. Realizing the great prevalence of cancer and the profound ignorance concerning the cancer problem, about ten years ago a few men and women organized themselves into a society with the purpose of teaching plain facts about cancer to the public. The American Society for the Control of Cancer, which began in this small way, is now one of the largest and most influential public health agencies in the world.

It behooves all physicians, nurses and other persons trained in medicine to inform themselves of the truths concerning cancer and to take advantage of all opportunities to help educate the people and thus to aid in the control of this partially unnecessary cause of death. With this aim in view, I wish to state briefly some of the points which seem to me to be most important in the nurse's part in the control of cancer:

Prevalence of Cancer.—Cancer is one of the most important causes of death. During the great war the United States lost about 80,000 soldiers. During the same two years 180,000 people died of cancer in the United States. Cancer is now killing one out of every ten persons over forty years of age,—about one in eight among women and one in fourteen among men of this age. Between the ages of thirty-five and forty-five, three times as many women as men die of cancer, between forty-five and fifty-five, twice as many. Eighty-five per cent of deaths from cancer occur after the age of forty-five,—the most valuable period of life, when men and women have reached their highest degree of usefulness and responsibility. The disease is on the increase. It attacks the rich and the poor, and no protection against it can be had by any mode of living. Cancer is not alone confined to the human race, but is common among many forms of animals. It is a common cause of death in dogs and other domestic animals.

What Is Cancer?—Cancer is not a "blood disease," but always starts as a local lesion. The body is made up of

[1] Address before The Nurses' Club, Richmond, Va., February 7, 1924.

many cells similar to the way in which a building is made up of bricks. The normal destiny of our body cells is the formation of some form of man or woman, and you might say that the normal destiny of the brick is some form of house or other organised structure. Cancer is a lawless growth and formation of body cells which destroys life if allowed to run its course. Practically any group of cells in the body may take up this lawless growth and develop cancer. A cancerous condition of a house would then be a lawless growth and formation of the bricks, if they could continue growth as cancer cells do. Bricks of different sizes and consistency would develop and would soon destroy the building by their encroachment upon and the destruction of vital parts of the construction. There is as much difference between cancers as there is between trees,—some are large, others small; some grow rapidly, others slowly. Some mild skin cancers may exist for years without giving any serious trouble; other virulent cancers may destroy life in a few months.

Cause of Cancer.—The direct cause of cancer, like the direct cause of life, is unknown. There is considerable discussion about cancer being inherited. The latest opinions seem to indicate that cancer may have an *inherited tendency*. It is not caused by a germ, it is not contagious, and it cannot be "caught" by associating with a cancer patient. It is certain that constant irritation, especially in the mouth, is a contributing cause. Cancer should not be looked upon as a disgrace. Typhoid fever, which is caused by the pollution of food or drink, might be called disgraceful, or it might be a disgrace to complain of being "nervous," because this shows one's inability to control one's self. Cancer, however, may come to any of us without any shameful cause.

Danger Signals.—One naturally asks how so serious a malady as cancer can be successfully combatted. The answer to this question is well expressed in one of the slogans of the American Society for the Control of Cancer, *"Act in time!"* This may be done by knowing the *danger signals* and seeking competent treatment when they are seen. Cancer is *not painful* in the early stages. Later when it becomes infected and extensive it often causes pain.

Be suspicious:

(1), Of any sore on the lips, tongue, or in the mouth that does not readily heal.

(2), Of any wart, mole, ulcer, bruise, or sore upon the body that either changes in appearance or does not heal.

(3), Of any constant irritation, particularly in the mouth, such as may be caused by use of tobacco, jagged teeth, poorly fitting plates, etc.

(4), Of any lump, especially in the breasts, which does not disappear shortly.

(5), Of any discharge of blood from the mouth, nose, vagina, bladder or rectum which is long continued and not satisfactorily explained.

(6), Of continued "indigestion" and loss of weight, of the development of constipation with or without an accompanying occurrence of hemorrhoids, especially in persons over thirty-five years of age.

Not all of these conditions are cancerous by any means, but some are and

others may belong to the so-called precancerous stage, which is curable. After cancer has actually developed, it is in many cases still curable, but there must be no delay in treatment. It is the duty of every nurse to help doctors teach these facts and earnestly advise prompt and thorough examination.

Handling of Cancerous Patients.—The handling of cancerous patients is very important. It is a well established fact that cancer begins as a local lesion and later spreads to other parts of the body by way of the lymphatic channels, and to a less extent by the *veins* and arteries. These secondary cancerous growths are called metastases, and after they develop the disease is seldom curable, though life can often be prolonged. The most common site for secondary cancerous growths is in the lymph glands which drain the anatomical region affected, as with cancer of the breast in the glands of the axilla of the same side as the affected breast; with cancer of the lip or mouth, in the glands of the neck, etc. More remote metastases occur still later, thus cancer of the breast, thyroid and prostate glands commonly metastasize in the bones (vertebrae, long bones, skull, etc.); cancer of the breast metastasizes to the lung as well as the bones; cancers of the stomach, intestines, rectum, kidneys and other intraperitoneal structures metastasize to the retroperitoneal lymph glands and then to the liver. From this it is seen that the deaths and failures at cures for cancer are largely due to these secondary cancerous growths or metastases. Therefore, anything which tends to lessen the occurrence of metastases will benefit the patient. One of the essential points in the management of a cancer patient is gentleness in handling the cancerous growth. Undue manipulation, massage, medicinal applications, blows and injuries of a malignant growth will often cause metastases and aggravate the original condition. For this reason great care must be taken not only by the surgeon, but also by the nurse and the patient, to avoid careless or rough handling of a cancer. Treat it as if it were a bomb and might explode if struck or handled roughly.

Treatment.—The best treatment for cancer is usually the *removal of the local growth* by a competent surgeon. Operations of varying severity may be necessary, depending upon the type and extent of the cancerous growth, x-ray and *radium* are of great help in many instances in the treatment of cancer, but it requires as much skill to use x-ray and radium successfully as it does to use the knife. Treatment without examination is wrong. There is no cancer that can be cured by internal medicines or serums. Paste may destroy a mild superficial cancer by causing a slough and a great deal of pain and leaves an extensive scar. This type of cancer can be usually entirely removed without pain by a local operation, leaving a very small scar and saving a great deal of time and suffering. More malignant types of cancer, such as cancer of the tongue, lip or breast, cannot be cured by paste and are usually made much worse by it. Massage of any form or the local application of medicines increases the growth and spread of cancer.

Summary.—The following points should be especially remembered:

(1), Cancer is not a "blood disease,"

but always starts as a local lesion. Hence it can be cured by removal, if discovered and treated early enough.

(2), Cancer in the *early stages* usually does *not cause pain*.

(3), Cancer is *not contagious*.

(4), In order to avoid the further development of secondary cancerous growths or metastases, extreme care and gentleness should be used in handling malignant tumors.

(5), No up-to-date doctor will treat a condition that might be cancerous without a *thorough examination*.

(6), Heed the danger signals and *"act in time."*

FROM THE VIEWPOINT OF A PATIENT

By a Patient

THE suggestion for this diatribe came to me during my recent convalescence from a minor malady in a hospital.

A visitor was present when an uncapped nurse, in hospital parlance, "a probationer," brought me afternoon nourishment. Scarcely had the door closed on the form of the nurse when my visitor in tones expressive of severe disapproval, almost horror, asked:

"Do you permit a probationer to wait upon you?"

"Why not? I'm sure this cup of chocolate and this delicious sandwich are just as nourishing as though served by the superintendent herself, and I'm equally sure that I could not have been more graciously waited upon. Did you not notice how careful she was to place my napkin, to set the tray at just the correct angle, and to bring me a glass of fresh water? What could you find to object to in her service? I've had graduate nurses attend my wants who were far less thoughtful and willing."

"Well," with a virtuous air, "I never permitted any but the regular nurses to wait upon me when I was a patient."

After my visitor had departed, I pondered over the "why" of many hospital customs. Are they really principles or, in some instances, are they not unthinking adherence to tradition?

During the course of the afternoon another friend, herself a nurse, and an ex-superintendent of many years' experience, called and I turned upon her the battery of my Why's. She laughingly replied with: "Broadcast your questions and criticisms."

In response to my expression of surprise, she continued: "No, I don't mean over the radio, but what would be more effective, through the pages of the nurses' own publication, *The American Journal of Nursing*."

This, then, is my excuse for this paper embodying a criticism of hospital practices, some of which, to a layman, seem unwise, if not actually harmful. By that I mean handicapping the student nurse at a time when everything is new and trying and, to a sensitive being, increasing self-consciousness.

To qualify for the role of critic, presupposes a certain amount of personal knowledge of the subject under consideration. I herewith present my credentials to show that I may be permitted to speak "as one having authority" from the viewpoint of a patient.

I have twice been a surgical patient in a hospital, for major operations and have undergone as many minor surgical procedures. I have also been a medical "case." I have had "special" nurses and I have been on "floor" care. I number among my most valued friends many members of the nursing profession, superintendents, Red Cross nurses, private duty and student nurses and the source of my information is threefold: experience, observation, conversation, and because of my varied experience and opportunities, I am venturing to criticise some cherished traditions of the hospital and the profession.

To begin, take the conversation with my visitor who objected to a "probationer,"—I have heard many patients voice this same opinion. Many patients do not have confidence in a student who is permitted to wear only a part of the uniform and who has the stigma of the term "probationer" attached to her. They argue, not without cause it would seem to me, that the staff does not have confidence in such an one's ability, why should the patient accept her service when she is thus labeled, in effect, "We don't trust you yet" by the authorities?

Patients soon learn why a student wears only part of the uniform, it marks her as a beginner and even the most reasonable of patients (and how many are not reasonable!) do not have the confidence in her ministrations they would have were she in full uniform. Then, too, a nurse who is sensitive feels this lack of confidence even though she is not openly made aware of it (which she frequently is) and she is placed at a disadvantage; she cannot get the results that could be obtained were this handicap removed. I understand some schools have a preliminary period during which the student receives theoretical instruction only and does not come in contact with the patients until she is fully uniformed, "capped" and "bibbed." An excellent plan,—but why not go a step further and remove the opprobrious term, "probationer," and use instead, "freshman"? Nursing is a profession (and I do not decry the use of the term) but, pray, what other "profession" applies the term "probationer" to those who seek to enter its ranks?

Quite recently the charming daughter of a charming friend wrote me enthusiastically that she had been pledged to a sorority in a woman's college,—does the nursing profession have a sorority? Other professions, medicine, law, journalism, etc., have Greek letter organizations,—could not the nursing profession establish such an organization? Could it not be made of real help to the student body by making membership rest on scholarship and a high standard of efficiency and conduct, the pledge to be made during her Junior year and initiation a feature of her advancement to Senior standing? Or better still, it might be an exclusive honorary organization conferred on or after graduation.

These are a few, just a few, of the questions that come to a patient. Some day, if you'll invite me, I'll come again and tell you about the Ideal Superintendent and the Ideal Nurse from the viewpoint of a patient.

PERTAINING TO BOOKS

By Mary E. Gladwin, R.N.

IT was once my fortune to spend four days, as a guest, in a tiny nurses' home in a very small place. Tired with much traveling in cold, unpleasant weather, the charming one-story house, built as a memorial, looked most inviting and restful. The first morning, in a big chair before an open fire, was utterly satisfying. It chanced, at that time, that my traveling companion was a new book on the French Revolution. To the tired nerves of a woman who thinks at all, the French Revolution, however fascinating and vividly portrayed, brings neither peace nor rest, so after luncheon, I began to look about for "something to read."

On either side of the fireplace were built-in bookcases, shelves bare except for two popular much-worn novels with broken backs and loosened leaves. On the second day, a desperate appeal to the nurses produced the only magazine in the place—*The Red Book*. The town had little to offer in the way of interest or amusement, so the nurses (the hospital had no school), spent the long winter evenings with a victrola and a deck of cards. Their talk showed all too plainly the dullness of their lives and the poverty of their thoughts. The sleet outside emphasized the intellectual dearth inside, so out of keeping with the gracious simple lines of the lovely little house that it was almost unbearable.

The superintendent confided in me that her greatest ambition was to become a superintendent of nurses and that, as there were several places open to her, she thought of taking a six-weeks' course somewhere and then accepting one of them. Very gently it was urged that the nursing *Journal* and some of the recent publications on nursing subjects might be of interest during the winter and be of help in her preparation. She thought she wouldn't "bother" because "six weeks somewhere" would give her all she needed.

We all know that a hospital is a world in itself and that life within its walls may be and often is very narrow. The round of duties, the steady pointing in one direction, the constant association with sick people, the failure to realize that a sick body presupposes a greater or less degree of morbidity of mind, limit the mental horizon and create an atmosphere in which gossip and small faultfinding may flourish apace. No class of women have greater need of the stimulus of outside interests, the knowledge of what other people are thinking, suffering, and doing, than nurses. Fiction and the "movies" have their place in modern education, but there can be no two opinions as to the evil of a steady diet of novels and photoplays, largely because of their predominating sex motive. The tonic furnished by a story of endurance and heroism like Scott's "Last Expedition" or Shackleton's "South" is inestimable and makes us realize the pettiness of much of our mental attitude.

The obligation of superintendents and instructors, of all nurses who are engaged in educational work, cannot be overlooked. Their preparation for their work should obviously include

considerable knowledge of general literature and current events and, in addition to the knowledge, some training in methods of presenting these subjects.

In recent years there has been much improvement in the provision of reference books for student nurses and the improvement shows us clearly the need of greater efforts in this direction. To an inquiry about books of this nature in one school came the proud answer: "Oh! we have more than one hundred volumes." The answer seemed so out of keeping with the character of the school that a little investigation was made. The books were, beyond question, there, more than one hundred volumes, in a special bookcase as ancient and musty as the books themselves—the library of an old physician long since passed away whose descendents needed the attic space they occupied. They made me think of those dim dusty rows of old divinity that Hawthorne found on the attic shelves of the Old Manse.

Books to be of value must be easily accessible and they must tempt the student nurse. The book room may be plain and small, but the light should be good, by day and by night; the reading chairs should be comfortable and attractive. As one goes from school to school, one often wonders how pupil nurses can do any studying, so poor is the light in their rooms and very often no other study is provided. One of the best nurses' libraries known to me is kept locked and a would-be reader must make formal application for the key.

In many schools which possess the nucleus of a good library, the books are kept in the superintendent's office or room. One can think of no other arrangement which would so surely insure their not being read. The most imposing array of magazines seen anywhere was in a superintendent's office, but an examination of the back numbers showed that they had been little read. The amount of printed trash avidly consumed every year in the United States is appalling and undoubtedly nurses do their share. The same amount of time spent on good literature and world happenings would have an enormous influence on the thought and the life of the people. A little guidance, a little pains, a little thought spent on the reading of each school of nursing would be productive of great good to our profession.

Student nurses should be made to realize that a knowledge of good books and current events adds materially to one's value as a nurse, fits one for better positions with higher salaries, but aside from its strictly utilitarian side, such knowledge gives one infinite resources within herself and affords help over many a stile and lightens many a dark place in her pathway.

Professor Kilpatrick in an old *Teachers College Record* says:

> No nurse is merely a means of health to the patient, still less to the success of the physician. She is that and distinctly so, else she performs no service; but she is more than that, she is a person with hopes and aspirations, with lines of life stretching out before her; while she serves, she should also find expression—and growth.

A little further down, he says:

> The school must recognize that neither nursing nor preparation for nursing, nor both together can make the whole of life.

I know of no statements which could be more profitably studied and pondered over by all those who have to do with the teaching of nurses.

In a recent survey of thirty-three schools, the question was asked: "What magazines are provided for the student nurses?" The following table was compiled from the answers:

Number of schools	33
American Journal of Nursing	27
The Trained Nurse	17
Public Health Nurse	7
Hospital Progress	8
Modern Hospital	16
The Nation's Health	3
Social Service	1
The Survey	1
The Literary Digest	5
The Outlook	1
Review of Reviews	1
Geographic Magazine	3
Century	1
Scribner	1
Red Book	1
The American	8
Saturday Evening Post	1
Ladies' Home Journal	4
Woman's Home Companion	4
Cosmopolitan	2
Good Housekeeping	2
Pictorial Review	2
The Mentor	1
Vogue	1
Delineator	1
No magazines of any kind	1

The table which follows was made from the answers given by a group of schools in another state:

Number of schools	23
American Journal of Nursing	14
The Trained Nurse	5
Public Health Nurse	1
Social Service	1
Nation's Health	1
Saturday Evening Post	2
Geographic Magazine	1
Literary Digest	3
Ladies' Home Journal	2
Good Housekeeping	1
Mentor	1
House and Garden	1
Photoplay	1
No magazines of any kind	7

In order to appreciate the real significance of the lists given above, one must realize that a large proportion of these magazines are subscribed to by the superintendent for her own use and are passed on to the pupils with more—or less—regularity.

"Of the things that make for happiness, the love of books comes first. No matter how the world may have used us, sure solace lies there. The weary, toilsome day drags to its disheartening close, and both love and friendship have proved powerless to appreciate or understand, but in the quiet corner consolation can always be found. A single shelf, perhaps, sufficient for one's few treasures, but who shall say it is not enough?

"A book, unlike any other friend, will wait, not only upon the hour, but upon the mood. It asks nothing and gives much, when one comes in the right way. The volumes stand in serried ranks at attention, listening eagerly, one may fancy, for the command.

"Is your world a small one, made unendurable by a thousand petty cares? Are the heart and soul of you cast down by bitter disappointment? Would you leave it all, if only for an hour, and come back with a new point of view? Then open the cover of a book."

—*The Master's Violin*, Myrtle Reed.

WORLD GOODWILL DAY TO BE OBSERVED MONDAY, MAY 19, 1924

Before world courts, leagues of nations and associations of nations, peace treaties, and international agreements are able to function properly, we must await the longer processes of education to supply the spiritual values necessary to back up such agreements to a point of desired efficiency.

A TYPICAL LESSON IN PEDIATRIC NURSING

By Maud Kelley, R.N.

THE following is the fifth lesson in a series of fifteen. It is a typical plan for a lesson on treatments. Such lessons may be divided into the following steps:

1. Statement of the problem or the aim of our lesson. Our problem being to determine a method by which, with safety to the patient, we may secure the desired results.

2. Consideration of the pathological conditions existing in the patient.

3. The results which we wish to obtain by our treatment and what we want to avoid.

4. The material and equipment that we need to carry out the procedure.

5. The best procedure to use to get desired results.

6. Demonstration.

7. Checking up on the whole lesson to see if we have solved the problem.

8. Summary.

Throughout the plan, special effort is made to have the pupils, as far as possible, think out for themselves the reasons for all the steps, keeping the problem ever clearly in mind, with each step consciously contributing its part toward the solution. Having reached a conclusion, it is carefully tested to see if we have really accomplished what we set out to do.

PLAN

Subject—Pediatric Nursing

Class—Intermediate pupils

Problem—How can we give lavage so as to run no danger of injuring the child and so as to produce the best therapeutic results?

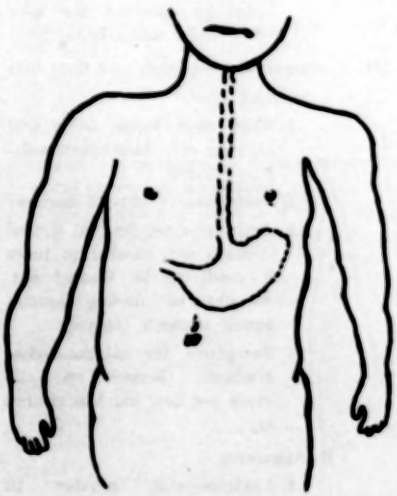
Teacher's Aim—To teach the pupils to reason out the principles underlying the procedure first, going through the steps correctly, understanding the reasons for the various steps and their responsibility for getting good results and to describe and record results correctly.

Outline of Steps in Lesson:

I. Introduction — Definition of term, etc.
II. Solving of problem
  A. Underlying sciences
  B. Dangers in the procedure
    1. What they are
    2. How overcome
III. Appliances needed
IV. Demonstration of procedure
V. Recording, etc.
VI. Care of utensils
VII. Summary of main points
VIII. Illustrative material: Charts of the drawings shown in text.
IX. References for the teacher: Principles and Practice of Nursing, Harmer, pages 405-411; Pope's Manual of Nursing Procedures, pages 323-327; Pediatric Nursing, Cutler, pages 292-293; Bellevue Nursing Procedures, Brink and Hill, pages 145-147
X. Previous assignment: Study of the anatomy and physiology of the parts involved and making of solutions of various percentages

NOTE.—In the following plan only leading questions are given. Subject matter is merely sketched. For detailed subject matter, see above references. Italics indicate parts to be written on the blackboard.

Subject Matter	Method of Teaching
I. Introduction	
(Review and connection with previous lesson on infant feedings)	
A. Statement of topic for today	
1. *Meaning of the term*, "lavage," derivation	From what language do we get the term "lavage"?
	What is its meaning?
2. *Purpose*	
(a) With adults	For what purposes have you known lavage to be given to adults?
(b) Compare with children, usually to get rid of fermentative residue	For what purpose do we give lavage to a baby?
3. *Indications*	
(a) Vomiting	By what symptoms will you know that a baby needs lavage?
(a') Character of vomitus, sour and curdled	What do these symptoms indicate regarding the condition of the baby's stomach before he began his present feeding?
(b') Time of, during or immediately after feeding	What should be the condition of a baby's stomach before he takes a feeding?
(c') Amount, often more than taken during present feeding	Are any dangers involved?
	What do we want to learn to do during this lesson?
B. What is our problem?	
To wash out a baby's stomach so that it will be clean and so that we run no danger of injuring the child	
II. *Solving the problem*—	Have we studied any subjects which will help us in solving our problem?
A. *Some principles from science*—	
1. *Psychology*	What are they?
Causes of noncooperation in older children:	Why are children afraid?
(a) Fear of pain	
(b) Fear due to ignorance of just what is going to be done	
2. *Physics*	On what principle of physics is siphonage based? Demonstrate with glass, basin and tube.
Lavage is based on siphonage. In order to siphon fluid from a glass to a basin, the glass containing the fluid must be higher than the basin. The rubber tubing must be free from air. If all the fluid is to be siphoned out, the tubing must extend to the bottom of the glass. Let the glass represent the baby's stomach	



3. Anatomy and Physiology Parts involved in the treatment (a) Position of trachea in relation to esophagus (b) Position of stomach in relation to nipples and umbilicus	Have pupils identify parts represented in accompanying illustrations. (Charts used consist of pen drawings on window-shade material.)
B. Dangers involved	Looking at the chart, imagine yourself ready to pass the tube. Where will you meet the first danger?
1. What they are (a) From teeth	
(b) Of entering windpipe	The second? The third?
(c) Of perforating stomach	
(d) Of inspiring drops when withdrawing tube	Can you see any danger that might arise when you withdraw the tube?
2. How overcome	How shall we avoid each of these dangers?
(a) By spool or mouth gag	
(b) By avoiding cyanosis and being sure that child is breathing naturally	
(c) Measuring distance from the bridge of the child's nose to a point a little more than three fourths of the way down from his nipples to his umbilicus. Mark this distance off on the catheter	Note the position of the stomach on the chart with reference to his nipples and umbilicus. Compare the distance from the baby's mouth to his esophagus with the distance of the bridge of his nose from his mouth. How can we feel that the tube extends to the bottom of the stomach and no farther?

(d) By pinching the tube when withdrawing it

III. Appliances and materials and their uses

A. Solution

1. Kind—plain water, boric acid solution, soda bicarbonate solution 2%-5%

What is the first requisite for washing? What do we need to know about the solution? What kind of solution does the condition of the stomach indicate?

2. Temperature—100-105 degrees

3. Amount—dependent on size of stomach and number of times it needs to be washed out. Amount of feeding usually equals stomach capacity

Do you know of anything which indicates the approximate capacity of a baby's stomach?

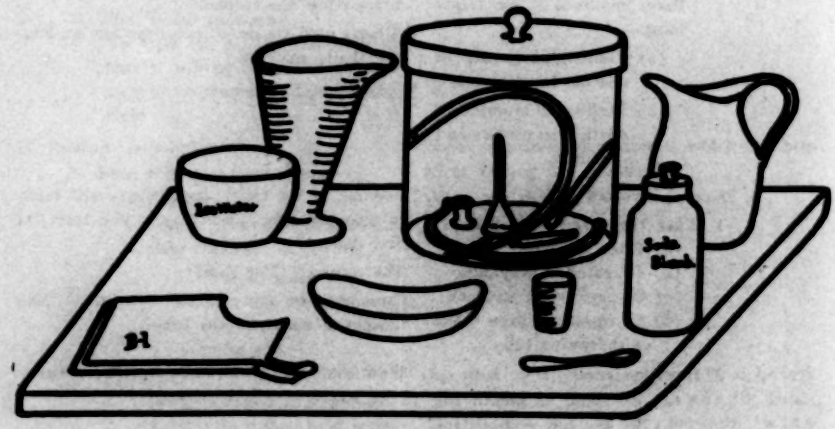
4. Receptacle for solution—glass graduate, (because one can easily see how much is poured in)

What kind of receptacle would you use? Why?

B. Apparatus

1. Catheter—stiff, number 10 French for a tiny baby, 16 French for a large baby, (18-20 lbs.)

Question as to uses of articles. As each is discussed have arranged in place convenient for work.



Articles for Lavage Tray

2. Connecting tube
3. Funnel, (glass because can see how full it is)
4. Marker for tube
5. Basin of ice water
6. Basin for return
7. Restraining sheet
8. Rubber bib
9. Thermometer

C. Arrangement
1. All articles ready before beginning
2. All articles within easy reach (See illustration)

Prepare solution. (Prepare last so it will not get cold.)

IV. Demonstration

A. Steps
1. Bring out baby
2. Wash hands
3. Mark off distance on tube
4. Restrain baby
5. Expel air from tube
6. Pass tube, noting dangers "1," "2," and "3"
7. Pour in amount equal to about ¾ stomach capacity
8. Siphon off
9. Repeat until clear
10. Withdraw tube, (remembering danger "4")
11. Pour return back into graduate and compare with original as to amount and appearance

Question as to reason for steps to proceed and as to manner of performing.

What is your first step?

V. Recording, follow up and clearing away

A. Charting as to,—
1. Amount
2. Number of times washed stomach
3. Appearance

How would you chart the results?

VI. Care of utensils—wash and boil catheter one minute, dry and put in clean glass jar ready for use again. Boil measuring glass.

How shall we care for our utensils? What is a necessary characteristic of our catheter? How will that influence our care of it? Must our articles be sterile? Which articles shall we boil? How long?

VII. Summary of main points—
A. Reasons for giving lavage
B. Results to work for
C. Dangers to avoid

What did we set out to do?
Did we get the stomach clean?
Is our patient safe?
How did we provide for his safety?

Be ready at the beginning of the next lesson to sum up the lesson, giving all the steps in the procedure and reasons for the same.

"Men continually forget that happiness is a condition of mind, and not a disposition of circumstances."

—*Locky.*

WHAT TO OBSERVE WHEN ADMINISTERING DIGITALIS

By John Wyckoff, M.D.

IT has been over one hundred years since Withering first discovered the value of Infusions of the Foxglove in the treatment of Dropsy. Withering studied the drug carefully and got wonderful results with his manner of giving it. At first, like any new thing, it was very popular, but then because other physicians using it did not study the indications for its use or the methods of giving it carefully, it fell into comparative disuse.

In order that any drug may be properly used in the treatment of disease, four things about it must be known. First, what the drug does. Second, the amount of the drug necessary to produce the proper effect. Third, absorbability (rate and amount). Fourth, excretion (rate). Until comparatively late years none of these facts were known concerning digitalis. The active principles of the drug are contained in the foxglove, but unfortunately they are not contained in the same amount in the foxglove grown in different localities nor even in the same locality in different years. For this reason alone, it was very difficult to know the dosage. Just how the drug acted was not carefully studied until the beginning of the present century and practically nothing was known of either its absorption or elimination until ten years ago.

Patients receiving digitalis for long periods of time were known to develop certain poisonous symptoms which were sometimes thought to be followed by death. It was naturally considered to be a dangerous drug. Because the total amount needed to produce digitalis effect was unknown, and because these poisonous symptoms were not infrequently shown, the drug was given in very small doses by most physicians, in such a small dosage in fact, that we now know no effect could have been expected. This made it all the more difficult to know just what the drug was capable of doing in heart disease.

About the beginning of this century the action of the drug was carefully studied on animals and it was found that it increased the force of the heart beat and decreased its rate. A little later, methods of determining the amount of active drug in different preparations were determined by experiments on frogs and cats. When these facts had been determined, it was only another step to gauge the approximate amount of the standardized preparation that was necessary to produce digitalis effect and it was shown that there was a distinct relationship between the weight of the patient and the amount of drug needed to produce the desired effect.

Until ten years ago it was believed that the drug was slowly absorbed from the stomach and intestines, but when it was found possible to give the total amount in three or four doses it was shown that quite the contrary was true. The beginning of the absorption, we now know, usually takes place within two hours and the drug is usually fully absorbed in eight hours. The excretion of digitalis has been particularly

difficult to determine; no one knows exactly how it is excreted but it is believed to be excreted at the rate of from 1 cc. (15 mm.) to 2 cc. (30 mm.) per day. In the past it was believed that the poisonous effects of digitalis were due chiefly to a cumulative action which occurred because of the slow absorption of the drug. We now know that the toxic symptoms appear because the drug is being given at a rate faster than it is being excreted.

Digitalis is now usually ordered by physicians in two stages. During the first stage it is ordered in an amount that is greater than the amount of excretion, so that the patient will receive the full digitalis effect. After the patient receives the full digitalis effect, he is placed upon an amount which is just enough to replace the amount daily excreted. There is danger of digitalis poisoning in both stages, and a nurse should always be on guard for the symptoms of such poisoning and notify the physician when such symptoms appear. The symptoms of digitalis poisoning which a nurse should watch for are:

1. Nausea and Vomiting
2. Diarrhea
3. Marked slowing of the pulse rate
4. Irregularity in a pulse previously regular
5. The onset of an extremely rapid pulse rate

Nausea and vomiting.—When patients are given digitalis by mouth they may, within the course of from a few minutes to an hour, complain of nausea and vomiting. This is not a symptom of digitalis poisoning, but is due to the fact that digitalis by its local action sometimes produces nausea and vomiting. If, however, several hours after taking digitalis the patient has persistent nausea and vomits, the physician should at once be notified and further digitalis not given without his order.

Diarrhea.—Some patients show as the first symptom of digitalis poisoning diarrhea. Should this occur in the patient, the physician should be notified and the drug discontinued pending the physician's directions.

Marked slowing of the pulse rate.—Whenever the patient's pulse rate becomes slower than 60 per minute, whether regular or irregular, the physician should be notified. This may be due simply to marked slowing of the heart or because certain contractions of the heart do not cause a pulse beat. Both of these conditions are frequently caused by too much digitalis.

Irregularity in a pulse previously regular.—A nurse should carefully note whether the pulse of a patient is regular or irregular when the patient is first seen. If the pulse was regular when first seen and it suddenly becomes irregular the physician should at once be notified and further digitalis not be given without the physician's order.

The onset of an extremely rapid pulse rate.—Very rarely, after too much digitalis a patient's pulse becomes extremely rapid. Sometimes this extremely rapid rate will persist and at other times it will last for a few seconds, suddenly slowing, and then suddenly again becoming rapid. This is an extremely dangerous condition and under no circumstances should further digitalis be given; every effort should be made to tell the physician the patient's condition. There is no First Aid treatment for digitalis poisoning. The majority of these patients vomit and frequently

have diarrhea. This automatically carries off such digitalis from the intestinal tract as has not already been absorbed. The patient should be advised to remain quiet and nearly always, if the toxic symptoms are recognized when they begin, no permanent harm will be done and the symptoms of poison will disappear as the excess of digitalis is excreted. If, however, these symptoms of digitalis poisoning are not recognized and further digitalis is given, the consequence may be very serious and even result in death.

THE INFLUENCE OF COMMERCIALISM ON NURSING

By Charles D. Lockwood, A.B., M.D., F.A.C.S.

IT is difficult, of course, for one to estimate accurately the influence of commercial hospitals upon the profession of nursing, but I can at least point out some of the natural consequences that must result from contact with such institutions. What I have to say is based upon observation extending over a period of more than twenty years and a considerable familiarity with a number of commercial hospitals in California.

Up to within five years, the leading hospitals in Southern California, with one or two marked exceptions, have been what might be designated as commercial hospitals; that is, they were hospitals run for profit. In some instances this profit was as high as twenty per cent per annum to the stockholders. Any one who is familiar with hospital administration knows only too well that such profits can be earned only by exploiting either the patients or the nurses, or both. Every effort of the management is directed toward economy even at the expense of the patient's welfare, to say nothing of the nurses' training. On the other hand, the main purpose of a well conducted hospital is to subserve the interests of the patient regardless of cost. Of course this does not mean that extravagance is practiced nor that rigid business methods are not employed to prevent unnecessary waste.

Now take into consideration these facts and imagine a young, impressionable woman thrust into the atmosphere of a hospital run strictly for profit. However ambitious she may be and however high her ideals on entering such an institution, it is a foregone conclusion that her ideals will soon be shattered and the edge of her ambition dulled. It is to their everlasting credit that many of the graduates of schools of nursing maintained by commercial hospitals have preserved the fine spirit of service which should be the dominating factor in the profession of nursing. However, the average young woman comes out imbued with the idea that her profession is rather a means of making a livelihood than one devoted to the high calling of humanitarian service.

To this blighting effect upon nursing ideals may be ascribed the failure on

the part of many nurses to understand and fully appreciate the aims and the purposes of scientific medicine. To this same cause, no doubt, may be ascribed much of the indifference of nurses to the organization work in their own profession and their lack of interest in the great social welfare movements related to their profession. The purpose of the true disciple of scientific medicine, whether doctor or nurse, is to bring to the sick and suffering the blessings that flow from a life consecrated to service, while the professional man or woman who looks only at the monetary side of his or her calling can contribute little to society. The nurse who is constantly in contact with commercializing influences during her training and who sees economies practiced which may retard a patient's recovery, comes out dominated by the thought that money making is the chief aim of the medical profession. Unfortunately, this commercial attitude is all too prevalent on the part of the medical profession and it is only natural that it should react upon the nurse. The medical profession is forfeiting much public respect and prestige because of this tendency to demand "all the traffic will bear." No fair minded person knowing the present high cost of living can accuse nurses of this sin and let us hope that they will not even allow themselves to adopt a state of mind towards remuneration which will lower the traditional standards of their profession.

Perhaps the most baneful influence of the commercial hospital upon its graduates is the fact that many of them become embittered on learning that their diplomas are not recognized by boards of registration and nursing organizations which they may wish to join. It must not be forgotten that a great injustice is done by these inadequate and commercial schools not only to the nurse who has given her time and received poor training, but also to the sick whom the nurse serves. Nowhere should higher standards be set and maintained than in institutions which educate men and women to care for the sick.

HOW A PRIVATE NURSE CAN MAINTAIN HER ENTHUSIASM [1]

By Hughjean E. MacAfee, R.N.

ARE we supposed to enthuse over our work? Yes, we ought to. When we are sick or disabled in any way, we realise how thankful we ought to be just to be able to work, but when we are well, how soon we forget this, and we let all the little annoyances of our every-day nursing life slip in and make us forget to appreciate our work.

The first thing to be considered in keeping up our enthusiasm is to keep from getting over-tired. Do not think no one can take your place when you know you should let up for a time. I find that when my work looks like a mountain to me, it is time to let up. Your patient and his friends may think

[1] Read at a meeting of the Middlesex County (Mass.) Association of Graduate Nurses, May, 1923.

nobody can take your place, but this is usually just dread of change, and after the change is made, the next nurse may even surpass you in their estimation. Do not expect the patient or the family to think of you. If you need more sleep or another nurse on the case, suggest it to them, and as a rule, people are very considerate.

They are so upset by the sickness itself and they have so many other things to think of that somehow we feel we are not considered. Also, I think the family rather expect suggestions from us in regard to the patient and what is necessary.

Some nurses seem to feel that the doctor on the case is supposed to see to it that they are looked after. I have usually found the doctors very good, but I feel we ought not to bother them. We ought to be able to take care of ourselves and make our arrangements with the family in those small details.

Sometimes we get on a case when we feel ourselves "round pegs in square holes." We cannot seem to fit in and we know we are not appreciated.

My idea is to leave. Tell them you feel you cannot do your best work for them and some other nurse may be better. It is much better to leave than to try to work when there is no harmony. We cannot expect everybody to like us, any more than we can expect to like everybody.

You cannot enthuse over your work where you are a misfit. In fact, a week of this atmosphere takes away more enthusiasm than you can make up in a month. We feel instinctively when we are not appreciated. So the sooner we leave, the sooner the tension is relieved. It is much better for us to suggest a change than to wait for the family to suggest it to us.

This does not necessarily mean you are not a good nurse or that the patient is especially difficult, but that there are round holes and square ones, and we cannot fit into both. Your next patient may more than appreciate everything that you do and make you feel glad that everybody does not see things in the same way. The atmosphere in that home will be so different that you can accomplish much without a thought of self. Do not try to nurse all the time. Take occasional vacations and trips and keep in touch with the things of national and international importance, also in the progress that is being made in our national nursing education.

The nurse makes the profession what it is. Every individual nurse can do her part in lifting our profession in the very important part it is taking in the community life of today. We must always keep in mind the effect of our individual work on the profession.

If you could look back twenty years and see the progress we have made in the nursing profession, I think you would feel that we have every reason to enthuse.

Have a Health Examination on Your Birthday, is the slogan of the National Health Council; not a superficial examination, but a thorough overhauling. Could there possibly be a better birthday present to oneself than a certificate of health? Better begin with the examination of the eyes so as to be sure to be able to read the certificate!

NOTES ON NURSING SCHOOLS IN LATIN AMERICA[1]

By Dr. Rene Sand

Secretary, League of Red Cross Societies

THERE are only four schools for nurses in Latin America which conform, more or less, to the type of the American, British or Scandinavian schools; Havana Rio (the Rockefeller School), the Montevideo Escuela de "Nurses" and the Escuela de "Nurses" at the Parameno Pinero Hospital, Buenos Aires. Each one of these is attached to a hospital managed by the State Board of Charities and is supported by the same governmental institution. In each case the pupils live in the school and the course is of three years' duration.

The Red Cross (*not American Red Cross*[2]) nursing schools, on the contrary, are more or less loosely organized, the pupils do not live in the school, they may come every day, but more often turn up only once or twice a week. Practically all these schools really teach only first aid and home nursing with, in some cases, a little training in operation theater nursing, about which all the pupils are very enthusiastic. The difference between the two kinds of schools is so apparent that they are distinguished by two different names: the Red Cross schools being called schools for "enfermera" (using the Spanish term), while the four schools above mentioned are called schools for "nurses" (the English term being used.

Public Health Nursing is taught nowhere on the American or English lines which, considering the scarcity of fully trained nurses, is hardly astonishing. What happens is that Red Cross nurses receive some scanty theoretical courses and then work in baby or anti-tuberculosis dispensaries, and do some home visiting.

The need for the Public Health Nurse is keenly felt, as well as the need for general nurses, but many doubt if the present status of women in Latin America makes it possible for women of a better type to be recruited.

At the Pan American Red Cross Conference at Buenos Aires it was admitted that the Nightingale school is the ideal, and Dr. Kerrer of Cuba insisted that it was the only type which gave satisfaction. Other speakers, however, advocated caution in the matter. The example of Miss Parsons, an American Red Cross nurse sent by the Rockefeller Foundation to Rio, who has been compelled to organize a transitory six months' course, proves that the difficulty is a real one.

It must be remarked, however, that the State *Escuela de Nurses in Montevideo* and the *Uruguayan Red Cross School of Nursing* are housed in the same building and maintain a real cöoperation.

On the other hand, the *Red Cross School of Nursing* in Rio will be housed in the magnificent Red Cross building

[1] From the Nursing Supplement to the Information Circular of the League of Red Cross Societies, March 1, 1924.

[2] Editorial note.

which is being erected in a beautiful site in the center of the town, which, besides the Red Cross offices, museum, auditorium and library, will contain an out-patient service, a 50-bed complete hospital and a home for the pupil nurses. The school and hospital are at present housed in wooden barracks, but the pupil nurses do not live in the school. The course is of three years' duration. All the arrangements are placed in the hands of the Brazilian nurse who studied in our international course in London, and she seems to have quite decided to make the school conform as much as possible to modern ideas. The inauguration of the new building is expected to take place at the end of the year 1924.

I did not visit the Havana or the Rio schools, but can give some data on the Montevideo and Buenos Aires schools:

I. *Escuela de Nurses, Montevideo.*—This school was founded in 1913 as a school of the State Board of Charity and occupies a big private dwelling in the beautiful gardens in which wooden pavilions have been erected, constituting a complete 50-bed hospital for men and women, with operating theaters, x-ray and out-patient departments, pharmacy, etc.

The Nurses' Home has 25 beds with bath rooms, dining room, lecture room, assembly room, etc. No pupil is allowed to live outside of the school.

The staff consists of: Senorita Maria Magdalena Veiga, Superintendent; Dr. Ne'ry, Professor of the School and head of the hospital; four "instructoras," who, after completing their training, have remained with the school.

Admission age is from 20 to 30 years. The pupils are paid 10 pesos monthly the first year, 15 pesos the second, 48 pesos the third. (The Uruguayan peso is at par with the American dollar.) The daily work consists of one hour's theory and seven hours' practice, no public health nursing is taught. After two years and three months of training, the pupils receive their diplomas and enter the bigger State hospitals. About 100 nurses have been trained since the foundation of the school ten years ago and all practice in the State hospitals.

The Red Cross Nursing School of Montevideo, which trains volunteer nurses, is housed in the same building; the lectures are common to both kinds of pupils and the length of the training is the same; the difference lies in the fact that the volunteers do not live in the home and have a reduced amount of practical work.

II. *Escuela de Nurses, Hospital Parmenio Pinero, Buenos Aires.*—This hospital, built by the State Board of Charities with donated funds, is the newest and best in Buenos Aires. Only the surgical and urinary blocks, as well as the Nursing School, are as yet in use.

The school is a separate building, with bedrooms, bathrooms, dining room, lecture room, etc. It is under the direction of the Director of the Hospital, who is a surgeon.

The immediate supervision of the pupils and the direction of the home are undertaken by a Head Nurse (Jefo de Nurse), who lives in the home, takes her meals with the pupils, etc. There is also a Secretariat with a personnel of two.

Admission conditions: age 17 to 35 years, certificate of good character, medical examination, school certificates

(or examination in Spanish, arithmetic, geometry, physics, chemistry, history and civics). Salary: 60 Argentine pesos monthly (about 20 dollars). If the number of girls who fulfill the conditions be greater than the number which the school can accommodate, the surplus number is permitted to live outside the school. The teaching staff is composed of physicians and surgeons of the hospital; the nurses of the hospital act as instructors.

The nurses who graduate enter the State Hospitals.

OUR CONTRIBUTORS

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Mary E. Gladwin, Ph.B., R.N., L.L.D. (See Our Contributors, October *Journal*, page 46.)

John Wyckoff, M.D. (See Our Contributors, April *Journal*.)

Charles D. Lockwood, M.D., is a leading surgeon of southern California and one of Pasadena's most public-spirited citizens.

Hughjean E. MacAfee, R.N., a graduate of the Newton Hospital, Newton Lower Falls, Mass., has been doing private nursing for years and has a fine reputation for the work she has done.

Susan C. Francis, R.N. (See April *Journal*.)

Virginia Gibbs, R.N. (See *Journal* for January, 1923.)

Pictorial Review announces an annual award of $5000 to the American woman who makes the most distinctive achievement through individual effort in the field of art, industry, literature, music, the drama, education, science, or sociology.

Recommendations for this award may be made by organizations or by individuals and must be made by September first of each year.

A few nurses are doing genuinely creative work in science, education and sociology. Why not recommend them for consideration?

All communications should be addressed to *The Pictorial Review* Achievement Award Committee, *Pictorial Review* Building, New York City.

CENTRAL BUREAU OF NURSING, DETROIT

EDITORIALS

Again—the Convention

ON the opposite page is shown a little building that symbolizes the spirit of Detroit nursing. It houses the Visiting Nurse Association, which was organized and is still served in an advisory capacity by the beloved Dean of Michigan nurses, Mrs. Lystra E. Gretter. Here may be found the offices of the Central Registry—a registry which broadly interprets the function of service to the community by maintaining a list of attendants as well as of registered nurses. And here, too, may be found the offices of the visiting housekeepers. In other words, Detroit nurses have learned something of the meaning of the word Coöperation which Franklin K. Lane described as "the watchword of the twentieth century even though we do not yet know what it means." The seal of the Community Fund symbolizes the interest in and support of a part at least of these activities, by the community which is served.

It was in Detroit that the first brilliant Community Commencement for Nurses was held, an example now followed in a number of cities. It was in Detroit, too, that one of the first experiments in the centralization of teaching was tried out by a group of schools of nursing. They know how to work together in Detroit, and to us no finer evidence of liberal mindedness could be desired.

Nursing is in good repute in Detroit, else the ex-Mayor of the city would not have presented two beautiful nurses' residences,—McLaughlin Hall to the Ferrand Training School, and the recently opened one for the nurses of the Children's Hospital of Michigan. In this Mr. Couzens followed a precedent established long ago by Mrs. Newberry, donor of the Helen Newberry Home of Grace Hospital.

In Detroit, too, there is an absolutely unique institution, a hospital which has deliberately waited until it could really provide all of the necessary services before opening a school of nursing, and which is undertaking the education of nurses as an educational project and not as a means to an economic end. When the School of Nursing and Hygiene of the Henry Ford Hospital admits its first class in January, 1925, it will have the clinical resources and the carefully developed services of an efficiently organized hospital for its laboratories. As announced in our last issue, the buildings now under construction for the school will provide in generous fashion for both the educational and social needs of the students.

Says Mrs. Gretter, "There are many complex and serious problems before us in the adjustment of nursing education and community needs." It is these very complexities that make attendance at our national conventions so valuable. We shall do well to gather, in the liberal atmosphere of Detroit and of the middle west, for consideration of the pressing professional problems of our times. Let us make it a banner meeting with a record-breaking attendance and then, after a week of hard but inspiring work at meetings, round tables, and conferences, let us take a Lake trip and return to our duties refreshed in body and in mind and with renewed belief in the achievements and the potentialities of our profession.

In 1925

THE nurses of Finland are making preparation to entertain hundreds of nurses from all over the world when the International Council of Nurses meets in Helsingfors in July of 1925. Not since the 1912 meeting at Cologne has it been possible to have a meeting of this important body of nurses, and already nurses from China, from South Africa and from other countries have indicated their intention to attend.

Special incidental trips are being planned. We are told that, if a sufficient number of American nurses reach an early decision to attend, surprisingly low trans-Atlantic rates may be obtained. Says the Secretary of the Council, "Do start nurses to thinking about the meeting so they will begin saving money for it!"

A Finnish nurse, now on leave of absence for postgraduate study in this country, writes with restrained enthusiasm of her own country. Her letter, breathing a spirit of real cordiality, may be found on page 666 of this issue. We hope it will rouse in many a nurse an eagerness to visit the "Land of a Thousand Lakes" in 1925.

Summer Institutes for Red Cross Instructors

"IN the past we were opportunists, but today we are building for the future" well expresses the aim of those who teach Red Cross classes in Home Hygiene and Care of the Sick. "In 1923, 1,162 such instructors were appointed and many of them are members of the faculties of the High Schools in which they teach. In such positions, nurses exert a widespread influence. They help to form the health habits of the "future mothers of the race" who take the course. Many of them have the added responsibility of supervising first-aid rooms and the general health conditions of the schools. The effect of these courses on community health can not easily be evaluated. A nurse in Oregon reports her conviction that one community, at least, was saved from an epidemic last Winter because her classes "were so successful in using and spreading information concerning the recognition of symptoms and the proper measures to be taken in fighting contagion."

Principals of schools of nursing have come to recognize the vocational value of the courses as a considerable number of young women gain their first comprehension of the professional possibilities in nursing through these classes.

Not all the classes are held in High Schools or Colleges, however. Classes for industrial workers and for housewives have met with genuine success. The latter groups possess an appealing eagerness to learn how better to care for their families. Such classes require teaching of no mean order. It is, therefore, quite in line with other constructive Red Cross policies that the Institutes described on pages 654-657 have been offered to those who are teaching or who wish to prepare to teach classes in Home Hygiene and Care of the Sick. We commend them to the nurses to whom such opportunities have come.

Nursing School Libraries

THE article by Mary S. Gladwin on page 624 of this issue is a severe arraignment of some of our schools. In effect she is saying, "How can we expect to produce happy, thoughtful, resourceful women if we do not help them to

search outside their own experience for information, stimulation and inspiration?" There is much to be said on this whole question of libraries. The topic could be elaborated from many angles. We are here concerned with the reports on the two professional nursing magazines, the *American Journal of Nursing* and the *Public Health Nurse*. We cannot refrain, however, from reminding those most concerned with developing reference libraries that the National League of Nursing Education [1] and the National Health Library [2] are both prepared to give valuable advice. Furthermore, the American Library Association [3] is prepared to give sound advice in building up general libraries.

It is disconcerting to publish, though we have long known it to be true, that not every accredited school of nursing makes the *Journal* available to its students. But it is little less than appalling, in this era of health teaching, to find the *Public Health Nurse* so little in evidence. These two magazines should certainly head the periodical list of every school. If they are not obtainable in any other way, the Alumnae Association could well make itself responsible for their regular appearance on library shelves. Furthermore, the volumes should be bound at the end of each year. Quite recently a newly appointed instructor in an important school asked for the file of back numbers of the *Journal* for use as reference material in some of her classes, only to be told that "they ought to be in the sun parlor," investigation, alas, proving that only stray numbers could be found. These magazines are perfect gold mines of reference material. We make our point by citing the value, as collateral reading for students of Personal Hygiene, of Dr. Caroline Hedger's articles in the *Journal* on Positive Health and the Health of Student Nurses and that by Dr. Jesse F. Williams, Prevailing Fallacies in Health Education, in the *Public Health Nurse*.

Why overlook such teaching helps by failing to provide the magazines? Having subscribed, why waste a part of the expenditure by making only temporary and superficial use of the magazines? There is much to be said in favor of some of the other periodicals included in Miss Gladwin's list, but it is well to begin thinking along these lines by careful consideration of the official organs of our profession.

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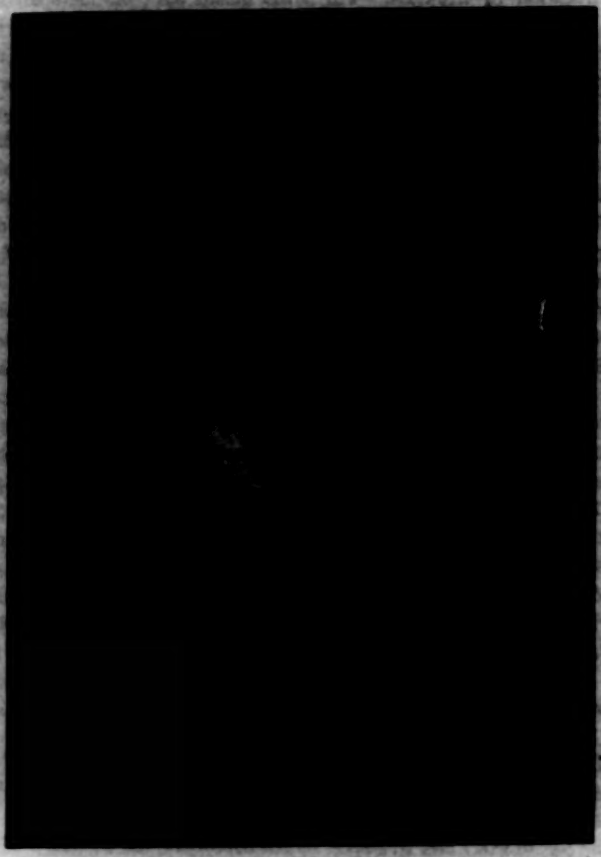
[1] 370 Seventh Avenue, New York City.
[2] 370 Seventh Avenue, New York City.
[3] 78 East Washington Street, Chicago, Ill.

JUNE FIRST IS THE DATE

The competition for prizes for articles on Nursing Small Hospitals closes June first. If you have real ideas on this subject and are hoping for a prize of $100, $75, or $50, be sure your manuscript is mailed in time to reach the editor by June first. Address the *American Journal of Nursing*, 370 7th Ave., New York City.

WHO'S WHO IN THE NURSING WORLD



XXXIV. SARAH J. GRAHAM, R.N.

BIRTHPLACE: Allentown, N. J. PARENTAGE: Irish. EDUCATION: Public schools. PROFESSIONAL EDUCATION: Graduate of the first class of the New York Post Graduate Medical School and Hospital. POSITIONS HELD: In charge of the Babies' Hospital, New York City; organized Mercer Hospital and Training School, Trenton, N. J., charge positions at the State Hospital, Trenton, and the New Jersey State Village for Epileptics, Skillman. Did private nursing for six and a half years; managing housekeeper for large households. Has been a director of both State and District associations; is Relief Fund chairman for New York State; member of State and District Revision committees. Received a special Red Cross medal for home war, and influenza work. ADDRESS: 132 East 45th St., New York.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

THE VALUE OF AFFILIATIONS[1]

BY SUSAN C. FRANCIS, R.N.

A SEARCH in the dictionary gives us the information that the word "affiliation" means "adoption, association in the same family or society." In our present-day nursing language we are using this term when we speak of the association of one hospital or school of nursing with another for the purpose of complementing the education of the student nurses.

Few if any nurses need to be informed as to the reasons which have brought about the demand for such affiliation; but it might be well at this time to review them briefly.

First: We have the amazing addition to the number of hospitals from 149 in 1873, to 7,054 in 1921, an increase of 4,634 per cent. The bed capacity of these hospitals shows an increase of 2,076 per cent in the same length of time. The patients in all of these hospital beds must be nursed; and the student nurse, for a number of reasons, has been found to be the most satisfactory person to render this service.

Second: These students, the types and standards of their nursing education varying as greatly as the numbers of the hospitals from which they graduated, have served their respective communities and have certainly contributed toward bringing about everywhere in the city and in the country a rapidly growing demand for an increased number of the members of their profession. The public is not limiting its demands on the profession to a mere increase in numbers; but in the hospital, in the home, in the school, in the industrial plant or wherever this worker goes, she finds new and varied types of service for which she must be prepared: and she is now joining that public whom she serves in demanding that she receive a professional education that will qualify her to keep pace with the need.

Third: The number of those who have argued that the hospital is not a necessary factor in the education of the nurse have been very few; so in all hospitals, with but few exceptions, whether they belong to that group of 61 per cent of the whole having a bed capacity of 40 or under, or whether they care for but a special type of individual or of disease, we find the student nurse being prepared in one way or another to go out to serve this public which is beginning to realize what it should expect of the individual who has received a nursing education.

Here then lie the reasons for the demand for affiliation. To summarize:

First: The existence of and the need for an increased number of hospitals, many of which are limited in bed capacity and in types of service, which therefore, while serving the patient well, are not equipped to prepare the student

[1] Discussion at a Round Table, National League of Nursing Education, Swampscott, Mass., June, 1923.

to fully meet her obligations after graduation.

Second: The need of these hospitals for a nursing body.

Third: The increasing demands for more nurses and for nurses who have received a liberal education in the various types of service which the community has learned it may expect of the nurse, and lastly the growing inclination on the part of the prospective student of nursing to seek the school that will best prepare her to meet these needs.

The women at the heads of the student nursing bodies in these various hospitals, the women in whose hands mainly lies the formation and direction of the policy of the education of the nurse, have long recognized the need in many instances for affiliation for their students; but they say, "Yes, I know my students would be better prepared if I could secure affiliation for them in this, that or the other branch of nursing service, but how am I to do it?"

Now just what are the difficulties which lie in the way of the superintendent who believes she should secure affiliation, but who thinks it is not possible for her to do so? Undoubtedly the chief reason is an economic one, one that will be covered by the Hospital Board, the Medical Staff and even by the Superintendent herself with the query: "But how will the nursing of this hospital be done if we send our students away for a period of from two to eight months each during their three years' service?"

Granted that the superintendent believes in affiliation, her first job is an educational one, and involves the education of herself, her board and her medical staff.

Frequently the superintendent functions as superintendent of the hospital, as superintendent of nurses and as principal of the school of nursing. In her first capacity, one of her foremost problems is to make ends meet, and she hesitates to assume any obligation which will tend to make more difficult its accomplishment. As superintendent of nurses, her chief responsibility is the care of the patients under her charge, and her natural tendency is not to do anything to reduce her nursing force. As principal of the training school, however, her function is the education of her student nurses; and having undertaken this contract she cannot afford to permit her other two selves to forget that the student nurse is in the hospital for educational and not for economic reasons. Furthermore, her conscience will hardly permit her to admit students to the school promising them a general nursing education, knowing all the while that there are certain phases of that obligation which she will be unable to meet.

Let us conclude then that the superintendent believes actively, not passively, that it is due her students that they receive sound and broad experience in the fundamentals of nursing education, which today are commonly interpreted to include medical, surgical, obstetric and pediatric nursing and, by many, communicable disease and mental and nervous disease nursing as well; and let us say for the purpose of illustration that her hospital has a service of which surgical and obstetrical patients constitute a large majority. The superintendent has educated herself; she has taken stock of the opportunities her own hospital affords toward a well

rounded education for her students and she has accounted for what is lacking.

She then approaches her board. What reasons does she give its members for this seemingly mad desire on her part to send her students away for a period of several months each in the face of the very evident need for them in her own hospital?

First: She sets forth the responsibility which the hospital assumed toward the young women in accepting them as students, the promises, tacit or otherwise, that were made to give them a well balanced nursing education. As business men, the board members will all recognize the necessity of keeping to an agreement. If, on the other hand, the members of the board do not wish to carry all the responsibilities of an educational program, then the hospital should not announce itself as conducting a school of nursing, but should have it clearly understood that theirs is an institution solely for the care of the sick, and that it promises to no one a nursing education.

Second: Having assumed these responsibilities the superintendent further points out that the students must be educated to care not only for the patients in that particular hospital, but to meet the needs of the whole community whether represented by the individual, the family, or by the town or county unit and that they, the members of the board, have a responsibility to the community in this respect which they cannot afford to disregard.

Third: The superintendent points out that the school giving a sound, broad education soon becomes known and attracts to itself an increased number and higher grade of students.

Fourth: A graduate body proud of the education they have received and finding themselves well prepared to meet the needs of the public they serve, are good "rooters" for their school and are therefore a far more valuable asset to the hospital than the disgruntled, disappointed graduates who, desiring to undertake various phases of nursing work, find themselves frustrated because of inadequate preparation.

Fifth: The boards of most hospitals have recognized the necessity for comfortable living conditions for the student nurses; and many boards have found the means to provide even luxuriously for them in this respect. Surely if the matter is earnestly and clearly presented to them the board will realize that the student nurse, if she be a sound thinking woman, will look for an equally high standard in the educational features of her school.

Sixth: The fact that the State Board of Examiners for Registration of Nurses demands certain standards for the registration of graduate nurses, while a potent argument in many instances, would seem to be the final point to be presented; for the reason that the coöperation of the board will be far more whole-hearted if it can be brought to authorize the seeking of affiliation for the students because of a realization of the need for it, rather than because of a possible penalty following the lack of it.

The arguments to win the coöperation of the medical staff will follow much the same lines, certainly those members of the staff who are specialists,—the Pediatrician, the Psychiatrist, the Obstetrician, the man interested in Public Health and in the Prevention of Disease

will be eager to have the student nurses who will later help them in their efforts to better the health of the community, adequately prepared to undertake this work. It must be remembered, however, that only will the superintendent succeed in her efforts who believes sincerely and ardently in the matter and who is firmly convinced that it must be done because it is right. No half-hearted measures will prevail.

How will she get the nursing done in her own hospital? By the same means that she will use when her students decrease in numbers, as they surely will when they learn that elsewhere they might have obtained in the same length of time the broad nursing education which would have qualified them to undertake the piece of work they may desire to do, and having realized this fact, divert their friends interested in nursing to those other schools rather than to their own.

These means will be supplementing the student body with graduate nurses and with nursing aides or attendants.

Then the superintendent will probably ask how the required theoretical instruction for the students may be covered with one or more members of the class away for affiliated work and at such a distance as to make it impractical for the students to return to the home school for theoretical work with their own class.

As a matter of fact, the student who is away from her school for affiliated work should not be required to return to her hospital during that time for theoretical instruction. If the affiliated hospital is doing justice to her in this respect and is giving her the theory which should correlate with the practical work she is having, her time will be fully occupied. The strain of carrying this additional instruction will tend to impair her health. There will be a divided interest, lessened concentration on the work in hand with a consequent tendency to a superficial knowledge of all the subjects she is trying to master.

To avoid this, the fundamental subjects should be carried in the first year and in that part of the second year before the affiliated work begins. With a complete schedule made out for the theoretical course and with the dates set well in advance for the sequence in which each member of the class will go for her affiliation there will be but little difficulty in arranging that each student shall secure the theoretical instruction which would fall due during her absence on affiliations, either in advance of her going or following her return. Of course at times it will necessarily be with another class than her own.

When seeking an affiliation that superintendent will be wise who makes a personal inspection of the hospital and school to which she is thinking of sending her students.

She will outline the practical work which she desires for her students and she will expect the affiliating school to give the correlating theoretical instruction, thus relieving the home school in this respect. This will of course mean that the affiliating school will be required to repeat that particular course or courses of theoretical instruction for each group of affiliating students admitted. The superintendent will also ascertain whether there is a properly qualified nurse instructor.

She will look into the working

conditions of the affiliating hospital; and she will wish to be assured that her students will be relieved of routine household duties in order that their time may be devoted to the strictly nursing care of the patients, thus making every moment in the wards of the affiliating hospital of educational value to them.

Lastly, she will wish to assure herself that the living and the social conditions for her students will be acceptable to her.

She will wish to have some form of agreement between her hospital and the affiliating school which will embody the following points:

(a) The length of the period of affiliation.
(b) The number of students to be sent at one time.
(c) The desired instruction in practice and in theory.
(d) The uniform to be worn.
(e) The method of dealing with possible problems of discipline.
(f) By whom the transportation to and from the affiliating hospital and the allowance, if any, should be paid.
(g) Care during illness.
(h) Lost time to be made up, where, if at all.
(i) The dates for the affiliation periods.
(j) Notice agreed upon for withdrawal of affiliation.

In all instances a copy of the student's social history, a certificate of good health based upon a recent physical examination by the physician to the school—mentioning particularly the condition of the throat, chest, menstrual function and history of previous illness—and a record of the practical and theoretical work covered by the student, up to the time of affiliation, should be sent to the affiliating school some weeks in advance of her reporting to that school. This will enable the affiliating school to have some idea of what to expect of the student.

Where the affiliation is of but two or three months' duration it would seem that the expense of transportation and the student's allowance, if any, should be borne by the home school.

It requires some time to become adjusted to the new environment. The type of nursing is usually so entirely different from that to which she has been accustomed, that a frequent comment of the affiliating student is that she feels "like a probationer again." When the period of adjustment is about over, the student leaves and a new one takes her place. As a result, therefore, the affiliating hospital bears its burden of the financial responsibility in supplying the additional instructing and supervising staff necessary where there is such a frequently changing nursing personnel who must be taught the theory and given the opportunity to have practice in the nursing of the particular type of patients for which the affiliating hospital cares.

So much for a discussion of affiliation in general. Now what particular types of affiliation should be given consideration? Obviously this depends upon the individual hospital and the facilities it has to offer as a field for the education of the nurse.

Most of us will concede that the branch of nursing education which today is one of the most vital needs, and about our facilities for which we are most prone to deceive ourselves, is pediatrics.

The majority of general hospitals have a children's ward. In this ward may be found anywhere from two to perhaps fifty beds. But if the number of beds is under twelve and frequently if it is higher,—do the children occupying these beds really belong to the pediatric service, or are they the tonsil and adenoid group, the group admitted for appendectomy, herniotomy, etc., or are they the victims of some injury? We believe today that the best cure is the prevention of disease. To produce this result we need education, not of doctors and nurses, but of folks generally and of children in particular, for it is to them that we must look for the accomplishment of our purpose. The most logical person to do this teaching seems to be the nurse. Where is she to receive her preparation for this work? Where is she to be taught how to solve the problems of nutrition both of the well and of the sick child, if not in the wards, clinics and milk laboratory of a children's hospital? Where is she to learn the method of approach to the normal child, the undisciplined child, the misunderstood or uncared-for child, if not in the clinics and wards of the children's hospital? And who will admit that the nurse does not need this knowledge no matter where her field of activity may lie?

Speaking of prevention as the present-day cure, what about the physical handicaps which we meet daily, many of which are directly traceable to one or another of the common communicable diseases? Why do so many nurses decline to care for patients suffering from these diseases? Is it because they feel their lack of preparation for the work, or is it because of a disinclination to subject themselves to the possibility of infection? Who will say that the student nurse does not need preparation and experience in this branch of nursing, to correct her own point of view, to qualify her to care for the children who suffer from these diseases and most important of all to enable her to recognise their early symptoms and to know the methods of prevention?

Speaking still again of prevention, who will not agree that a knowledge of mental and nervous diseases is necessary if the nurse is to be qualified to take her place in preventing the spread of these diseases in the community she is to serve?

We realise today that the mental life of the patient plays an equal part with his physical life; therefore, the nurse whose lack of preparation in this phase of her education causes her to ignore that aspect of her patient's condition, or who, recognising the situation has not the understanding to deal with it, is failing consciously or unconsciously to give to her patient the full service he has a right to expect.

More and more we are coming to realise that at the bottom of many mental and nervous conditions lies the individual's complete lack of the practice of self control from babyhood to adult life. Perhaps the necessity for such a habit formation has never been presented to him. Can the results then be limited which might be accomplished by that nurse going into a home or into a community fully realising all that may be done in this respect, and realising, armed with the knowledge and the experience which will enable her to combine with the physical care of her patient those lessons which will help him

and those in his immediate vicinity to keep themselves adjusted to life and to its various situations.

Finally, what is the student's most common reaction to this question of affiliation? What does she regard as its possible advantages and disadvantages? I believe that the student's attitude toward affiliation will be just what her superintendent desires it to be.

If the superintendent believes that her students will lose by going out from under her influence, and from the atmosphere of her own school, then the student assuredly will not be impressed with the value to herself of learning that other and widely different methods than those to which she has been accustomed may produce equally good results, and that contact with different groups of people will broaden her and add to her knowledge of dealing with various situations.

If the superintendent expresses a feeling of satisfaction when the student wishes she were back home, or is happy to return, then of course the attitude of the student will hardly be that of putting forth every effort to blend with the new group and to make herself an active entity within it so long as she is a part of it.

All the points that have been set forth in this paper have been discussed many times and in various ways; but repetition often serves to bring to maturity long laid and cherished plans and helps to make possible the adjustments necessary to the accomplishment of one's purpose, and it is with this desire in mind that the writer has submitted her views on the subject of "affiliation."

The radio will do its part in calling attention to the observance of National Hospital Day, May 12, according to an announcement by the National Hospital Day Committee. The following radio program is being worked out, the details of which may be obtained more fully in the daily papers.

May 9, about 10 p. m., Central time, program by Nurses' Glee Club of Wesley Memorial Hospital, Chicago, and talk by E. S. Gilmore, superintendent, Wesley Memorial Hospital, and chairman, National Hospital Day Committee. This will be sent from Station KYW, Chicago.

May 10, 7:30 p. m., Central time, talk on importance of hospital service and summary of plans for National Hospital Day by Matthew O. Foley, executive secretary, National Hospital Day Committee. From Station WMAQ, Chicago.

In addition, the United States Public Health Service, through Assistant Surgeon General B. J. Lloyd, has advised the National Hospital Day Committee that a talk on National Hospital Day and hospital service will be given from the various stations used by the Service several nights in advance of May 12. These talks will be made from stations in different parts of the country and will replace the usual health talk of the U. S. P. H. S. for that evening.

ON THE NATIONAL LEAGUE OF NURSING EDUCATION

(Continued from April)

MORE FACTS

ON the organization, which since 1893 has pointed the way for sound professional nursing in America.

YOU KNOW

THAT the working units of an association are its Committees;

THAT the League has within its organization, eighteen actively engaged Committees, a few of which are:

1. THE EDUCATION COMMITTEE
   Do you make use of the Standard Curriculum? That is the work of the Education Committee. Since 1917, four thousand copies of this Curriculum have been distributed.
2. THE PUBLICATIONS COMMITTEE
   Did you see the list of pamphlets published in the March *American Journal of Nursing* and available through League Headquarters? The preparation of this list represents some of the work of the Publications Committee.
3. COMMITTEE ON BUDGETS IN SCHOOLS OF NURSING
   A most important Committee created in 1923. Attend the Detroit Convention and hear its report.
4. COMMITTEE ON UNIVERSITY RELATIONS
   The function of this Committee is to study and give counsel on that immediate and growing question—University Schools of Nursing.

A full report of the work of all of its Committees as well as Convention papers, important discussions and State League reports is published in the Annual Report of the National League of Nursing Education.

THIS REPORT IS SENT TO EVERY NATIONAL LEAGUE MEMBER

ARE YOU

A Nurse Superintendent of a Hospital;
A Principal of a School of Nursing;
An Assistant in a School of Nursing;
A Teacher in a School of Nursing;
A Supervisor in a School of Nursing and Hospital;
A Head Nurse in a School of Nursing and Hospital;
A Head Worker in Social, Educational or Preventive Nursing?

IF SO, you are eligible to Membership in the National League of Nursing Education, providing you meet the professional requirements.

ARE YOU A MEMBER?

IF NOT, JOIN BEFORE THE DETROIT CONVENTION!

Application blanks may be secured from Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City. Annual dues $5.00.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

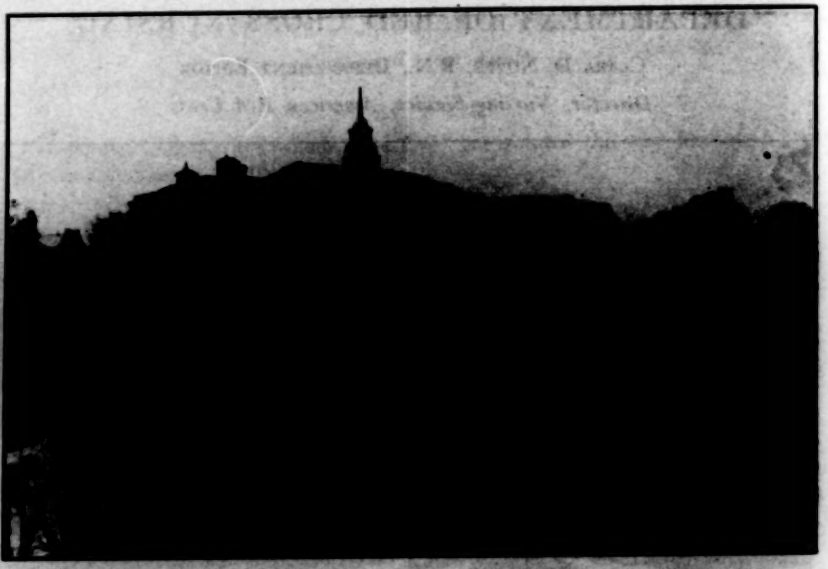
Director, Nursing Service, American Red Cross

The wonderful vista from College Lodge, Colorado Agricultural College, Fort Collins, Colo., showing Long's Peak in the background. It is amid such scenes of this and the following that the American Red Cross has arranged Summer Institutes for Home Hygiene instructors.

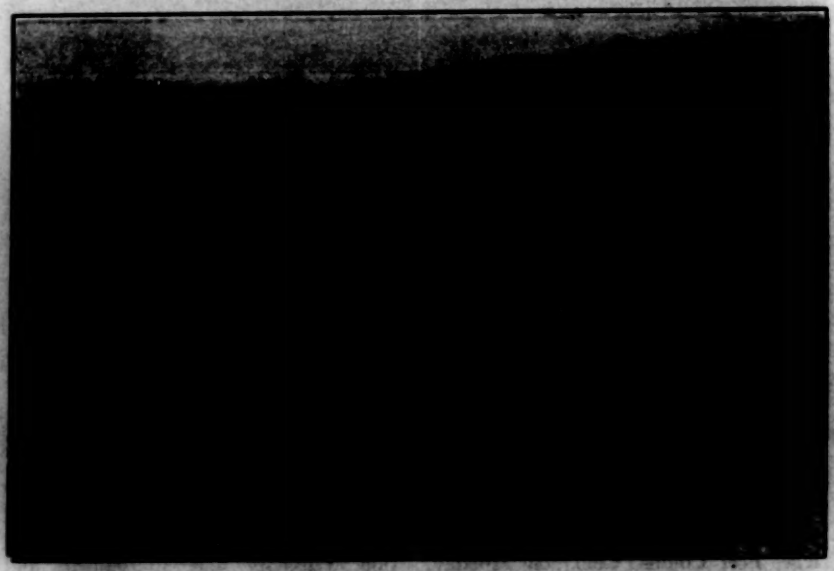
SUMMER INSTITUTE PLANS COMPLETE

RED CROSS and other nurses are displaying such interest in the three Summer Institutes for Home Hygiene Instructors and those desiring to teach, to which brief reference has already been made in these columns, that in response to the desire for information, those meager details are here supplemented by the full information now available.

The first of these postgraduate courses will open at Colorado Agricultural College, Fort Collins, Colo., on Monday, June 23, and will extend to Tuesday, July 29; the second will begin at Pennsylvania State College on Saturday, July 5, and will end on Friday, August 15; the third starts at Simmons College, Boston, Mass., on Monday, July 7, and will finish on Friday, August 15. Principles of Teaching and Methods and Presentation of Home Hygiene and Care of the Sick are the two required subjects at each college. Other subjects may be selected from an attractive list. Colorado Agricultural College, for instance, offers electives including Nutrition, Publicity and Journalism, and Physical Education; Pennsylvania State



A view of Simmons College showing the still loveliness of the scene across the Fenway.



Looking down at Pennsylvania State College from the air—an aeroplane view of the wooded landscape, with the College Buildings as the feature of the scene.

College,—Physical Education, Public School Nursing, Public Speaking and Languages; Simmons College,—Personal Development of the Child, School Health Program, Public Health Nursing Problems in the Small Community, and Nutrition.

Emphasis in previous numbers has been laid on the beauties of the surroundings of each college, conducive to the recreational side of the institutes which Mrs. Isabelle W. Baker, National Director, Home Hygiene and Care of the Sick, American Red Cross, with the coöperation of the colleges, has made a feature. Knowing that health cannot consistently be taught others unless the teacher herself takes care to preserve her own health, a fact which is gaining more and more attention, she has seen to it that opportunities for healthful play are many. The accompanying illustrations show the loveliness of the environment amid which many outdoor diversions have been arranged. Mountain Lodge, which belongs to Colorado College, is within Estes Park, one of the great national playgrounds, and is a wonderful center for week-end and mountain trips. Tennis and swimming are also on the recreation program here. Those who select Pennsylvania State College have parts of the Alleghanies to wander in for Saturday mountain trips, while they can attend assemblies, lectures and concerts in a lovely open air theater, as well as play golf and tennis elsewhere. Weekly expeditions of professional or historical interest are obvious attractions in the locality where Simmons College is situated, while trips can be made to the sea not far away for salt water bathing.

Those who may enter these courses are: first, enrolled Red Cross nurses; and second, other registered nurses who are graduates of schools of nursing of approved standards. They must be recommended by the National Director of Home Hygiene and Care of the Sick, who will consider general education, professional training, experience, personality, and such credentials as may be requested from responsible persons under whom the applicants have worked, in forming a decision. Except in the case of those members of the second group wishing to enroll for the course at Simmons College, who write direct to the Director, School of Public Health Nursing, Simmons College, Boston, application must be made to the Division Director of Home Hygiene in their respective Divisions.

Early application is advisable for living accommodation in the various vicinities, details regarding which are to be found in the bulletins of the respective colleges. The cost of living accommodation in the college dormitories of Simmons is approximately $13 a week. When reservation is made a $5 deposit must be attached to the application, which sum is later deducted from the charge for living expenses, but is forfeited if the application be withdrawn.

The majority of students of Pennsylvania State College live in fraternity and boarding houses in the town—though limited accommodations in the college dormitories are available—a list of which houses is printed in the College bulletin. Reservation, to be accompanied by a $5 deposit, must be made directly with the house manager. Whether in dormitories or houses, living rates including room and board are the same, approximating $55 to $60 for the

period for a double room, or $70 to $75 for a single room.

There are no dormitories attached to Colorado Agricultural College, which, by the way, has a very excellent cafeteria, but fraternity houses and the homes of many residents offer accommodation with or without board. Living expenses average $10 to $15 a week. Here also a deposit of $5 should accompany each application. The Dean of Women is prepared to assist students in finding rooms.

A useful approximate idea of other expenses may be gained from the following: tuition at Colorado Agricultural College is $13.75, miscellaneous expenses for books and laboratory fees, $15; approximate tuition at Pennsylvania State College, $17, i. e., the two required subjects, $7, and each elective per credit, $5, miscellaneous, including books and laboratory fees, $15; tuition and registration, Simmons College, $30; miscellaneous, including books and laboratory fees, $15.

Under certain conditions a Red Cross Scholarship Fund for loans and grants may be drawn upon by Home Hygiene instructors or those Red Cross nurses contemplating such instruction, who need financial assistance to enable them to take the course. No scholarship grant is awarded unless a loan is also requested. The loan desired must not exceed two-thirds of the entire cost of the course which may include tuition, living and transportation expenses, in which case the nurse may ask a part of it to be considered a scholarship grant, if conditions so warrant. This must not exceed one-fourth of the entire cost of taking the course and the amount will be deducted from the sum repayable as loan. Applicants in return for this assistance are expected to serve the American Red Cross for not less than one school year as Home Hygiene instructors.

Important Notice to Red Cross Nurses

Some time ago the method of filing the records of Red Cross nurses was changed. It was found that many nurses whose names had been entered had not been heard from for years. In several cases some of them had not communicated with us since their enrollment, as early as 1915. This situation was submitted to the National Committee on Red Cross Nursing Service, and the subject was carefully reviewed by them.

It was decided that every means of establishing communication with the individual nurses should be utilized before their names were dropped. The nurses were, therefore, grouped according to the Red Cross Division territory in which they were enrolled. A list was sent to the Division Directors of Nursing, who then circularized them through our Local Committees, but so far unsuccessfully.

It is, therefore, hoped that by publishing a list of names each month, we may hear from some of them directly. We shall also be glad to secure information from others who may know the status of individual nurses. If we do not hear within two months following the printing of a list, these nurses will then cease to be members of the Red Cross Nursing Service:

Bennett, Helen Fleming; Burke, Elizabeth Cecelia; Churchill, Martina; Clark, Margaret Lowell; Crenk, Mary Lillian; Dawson, Ethel

M.; Drufva, Anna; Fennessey, Mary V.; Fisher, Blanche Ann; Fisher, Mrs. (nee Imogene A. Clark); Flanigan, Anna M.; Fritz, Anna M.; Grimes, Nellie B.; Harkness, Elizabeth Mary; Hayes, Selma A.; Henly, Ethel Marion; Johnsen, Johanne Randine; Johnson, Clara; Johnston, Laura J.; Keating, Mary Elizabeth; Keboe, Angela Pauline; King, Mrs. J. Everett (nee May E. Dolan); Koney, Mrs. Effie; Lambert, Ruth Elizabeth; Large, Alice Mary; Leach, Laura Agnes; McCall, Grace; McCarthy, Mrs. D. (nee Margaret O'Sullivan); McKelden, Margaret V.; McKennie, Maud Louise; McMahon, Anna V.; Marshall, Frank Montgomery; Meeney, Lucy V.; Mitchell, Mary; Moline, Sidonia; Moran, Alice R.; Numbers, Katherine M.; Painter, Mrs. (nee Helen Luhr); Paulson, Pauline; Quain, Anna Katherine; Randall, Grace A.; Randall, Helen F.; Reilly, Lillian Agnes; Reinhart, Anna M.; Riley, Elizabeth Frances; Runft, Sophia Pauline; Schenck, Ella L.; Schopfer, Amelia H.; Schulz, Anna Catherine; Scott, Elizabeth M.; Scott, Maude Agnes; Scott, Stella; Scullin, Julia A.; Stevens, Lydia L.; Waugh, Hilda Mabel; White, Elizabeth Graham; Wilbanks, Mrs. Frederick (nee Marie Agnes Abeph); Wilson, Clare Marie; Wolf, Anna Carolyn; Woodruff, Theo.

TOO LATE FOR CLASSIFICATION

Kentucky: The Kentucky State Association of Registered Nurses will hold its annual meeting at the Brown Hotel, Louisville, June 25, 26, 27, after the biennial meeting of the American Nurses' Association in Detroit. We hope for a large attendance. A good program awaits you, and we want to make it an enjoyable and interesting meeting, so be sure to come. Press and Publication Committee, Ida Beckmann, Chairman.

Louisiana: The next examination of the Louisiana Nurses' Board of Examiners will be held in New Orleans and Shreveport, June 16, 17, 18, 1924. For further information address Dr. George S. Brown, Secretary, 24 Cusachs Building, New Orleans.

North Carolina: The North Carolina State Board of Nurse Examiners will give examinations, May 22, 23, 24, 1924, in Winston-Salem, at the Robert E. Lee Hotel. Application blanks will be furnished by applying to Mrs. Dorothy Conyers, Box 1307, Greensboro.

Virginia: The Virginia State Board of Examiners of Nurses will hold its semi-annual examinations on the 3rd, 4th and 5th of June, 1924. For further information, write to Ethel M. Smith, Secretary-treasurer, Craigsville.

The attention of the Virginia nurses is called to the fact that through error, the following names were omitted from the list published of registered nurses of 1923: Elizabeth Victoria Rankine, Nightingale Training School, England; Julia Ann Riley, St. Vincent's Hospital, Norfolk; Mildred Carolyn Ringle, St. Vincent's Hospital, Norfolk; Carolyn Roller, Johns Hopkins Hospital, Baltimore; Ruth Ashmore Rose, Westbrook Sanatorium, Richmond; Susan Ivy Ewart, Marshall Lodge Memorial Hospital, Lynchburg.

All nurses registered prior to January 1, 1924, are again reminded that the Virginia law requires each nurse to send annually to Ethel M. Smith, Craigsville, Va., a request for renewal of registration, with fee of one dollar.

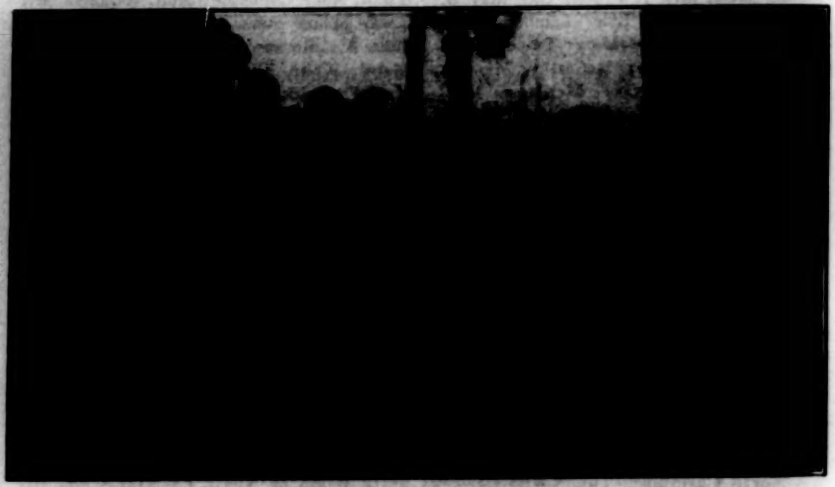
The buildings to be used as Convention Headquarters, shown in our Frontispiece, are: 1. Cass Technical High School, the auditorium of which will be used for all joint meetings, afternoon and evening. 2. The Woodward Avenue Baptist Church and Memorial Hall, used for registration, exhibits and press room. Several meetings will also be held here. 3. Central Methodist Church where some formal sessions and round tables will be held.

DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R.N., DEPARTMENT EDITOR

"THIS IS THE WAY WE GO TO SCHOOL"

BY VIRGINIA GIBBS, R.N.



THIS IS THE WAY WE GO TO SCHOOL.

THE Health Commissioner and I were busy trying to unhook all the hookworms in a sandy county in Georgia. This particular day was cold and raw when we arrived at the little, unpainted school house. All the little black folks were gathered around the stove in the center of the room, their faces shining black and their teeth shining white.

The teacher was most gracious and expressed great interest in the work. We explained in detail the story of the "Hookworm" and we left specimen bones, named and numbered, telling them we would call the following day and collect.

Out in the yard I caught the snapshot of the ox cart which brought safely to school every morning, three very black little negroes.

Right on time the next morning, we arrived at the school. We were very much pleased to see the little bones all in a row waiting for us. What unusual efficiency! How clever we must have been to have handled so tactfully and skillfully this piece of work and got across to their minds the vast importance of a Hookworm Survey!

The Health Commissioner, who had been familiar with the Negro race from babyhood, decided to open one of the bones before leaving the school house.

THE LITTLE SCHOOL

We had thirty specimens of sputum! Were we provoked? No. They did not quite understand what we wanted but they were not going to disappoint us.

That is what is so delightfully stimulating in working among the Negro children in their own environment: they are hungry and eager for knowledge. They trust you with a wonderful abiding trust and they coöperate with you to the limit. "Limit" always means, though, lack of funds. We need dental clinics, etc. As a rule, the Negro school child, whose diet consists of coarse corn bread and grits, has very good teeth.

Did you ever hear Negro children sing? Over in a neighboring county, I heard a large group, in a rattly-sham old school house, peal forth—

> Swing low, sweet chariot,
> Coming for to carry me Home.

Never in all my life have I heard music so melodiously sweet—you felt that the "chariot" must be very close to the tops of those soft, swaying pines—just out there through the window.

The patient little ox stands all day in the white sand, waiting for the three little negroes whom he brings to school. "This is the way we go to school!" If the rich industries to the north of us do not win them all away from us by offers of high wages and race equality, we want them always to be our Problem—both health and political—because we are pretty cock-sure that they are a problem we love, while solving, and solving, we thoroughly understand.

"Health is a state of being able to enjoy each day, of being able to do the tasks which opportunity offers, and of being able to create and evolve new schemes of work without the depressing or retarding influence of handicaps."

EZEKIEL D. JABBARD.

CENSUS OF PUBLIC HEALTH NURSING

A Census of Public Health Nursing is now being taken by the National Organization for Public Health Nursing in coöperation with the State Organizations for Public Health Nursing and the Public Health Nursing Sections of the State Graduate Nurses' Associations. When this census is complete, the number of organizations employing public health nurses and the number of nurses employed by them on January 1, 1924, will be known. In addition, it is hoped that accurate information can be gotten on the number of negro nurses engaged in public health work, the number of nurses engaged in school nursing, and other information which is being sought by public health nurses, health officers, and sanitarians.

Until August, 1922, inquiries about statistical information regarding public health nurses were answered by Yssabella G. Waters. Miss Waters began to gather facts about "visiting nursing" in 1902 and continued to do so until the summer of 1922, when she gave all her material to the National Organization for Public Health Nursing. Miss Waters collected her information by sending a questionnaire to each organization employing one or more public health nurses. As soon as a new organization was heard of a questionnaire was sent.

The present plan of taking a census has been adopted instead of the method used by Miss Waters. It will do away with the enormous task of locating and corresponding with each organization from the national office. The census will be taken every two, three, or five years, as may be decided later.

In taking the census the connecting links between the National Organization and the local organizations are the State and City Census Representatives. Each State Organization for Public Health Nursing, or when such does not exist, the Public Health Nursing Section in the State Graduate Nurses' Association is appointing a State Census Representative. For cities which have a population of 200,000 or over, City Census Representatives are selected. The representatives are nurses who have a wide knowledge of the organizations which employ public health nurses in their territories. Each census representative will send to each organization in her territory a form. After filling it in, the organization is to return the form to its census representative. The tabulations and analyses of the returns will be made in the office of the National Organization for Public Health Nursing. This first census is being taken in a few states at the start, in order to work out the details of handling it. It is hoped that all states will be covered before October 1.

The plans for the first census do not include gathering information about nurses employed by industries. There are several reasons for not approaching the industries at the present time. First, private industrial organizations have been, as a rule, unwilling to give information regarding the work of their nurses. Second, it is extremely hard to locate industrial nurses because they are not organized nor are they connected with a central source of information, as for instance, the American Red Cross or a bureau of public health nursing in a state department of health.

Hospital social service departments are also not included. In its Census of Institutions the United States Bureau of the Census is gathering information about hospital social service departments, although it does not ask for the number of nurses employed in them.

Officers and directors of local nursing organizations, as well as health officers, social workers, and public health nurses themselves are aware of the need for accurate information about this part of public health work, and it is believed they will welcome the opportunity of making a census return. The completeness of the census depends upon the accuracy and promptness with which they fill in and return their census forms.

STUDENT NURSES' PAGE

A MAY DAY FESTIVAL

By Frances Griffin Warner

St. Luke's School for Nurses, St. Louis, Mo.

MORE and more nurses' schools are getting away from the idea that they are entirely different from other colleges and schools for women and are coming to realize that for a large percentage of the students, the school life they enjoy while making preparation for nursing is the only college life they will ever know.

The deep enthusiasm manifested and resultant hearty coöperation by the student body when striving toward some new goal of student activity is most gratifying and the students are drawn closer together in bonds of friendship while working together for a common cause.

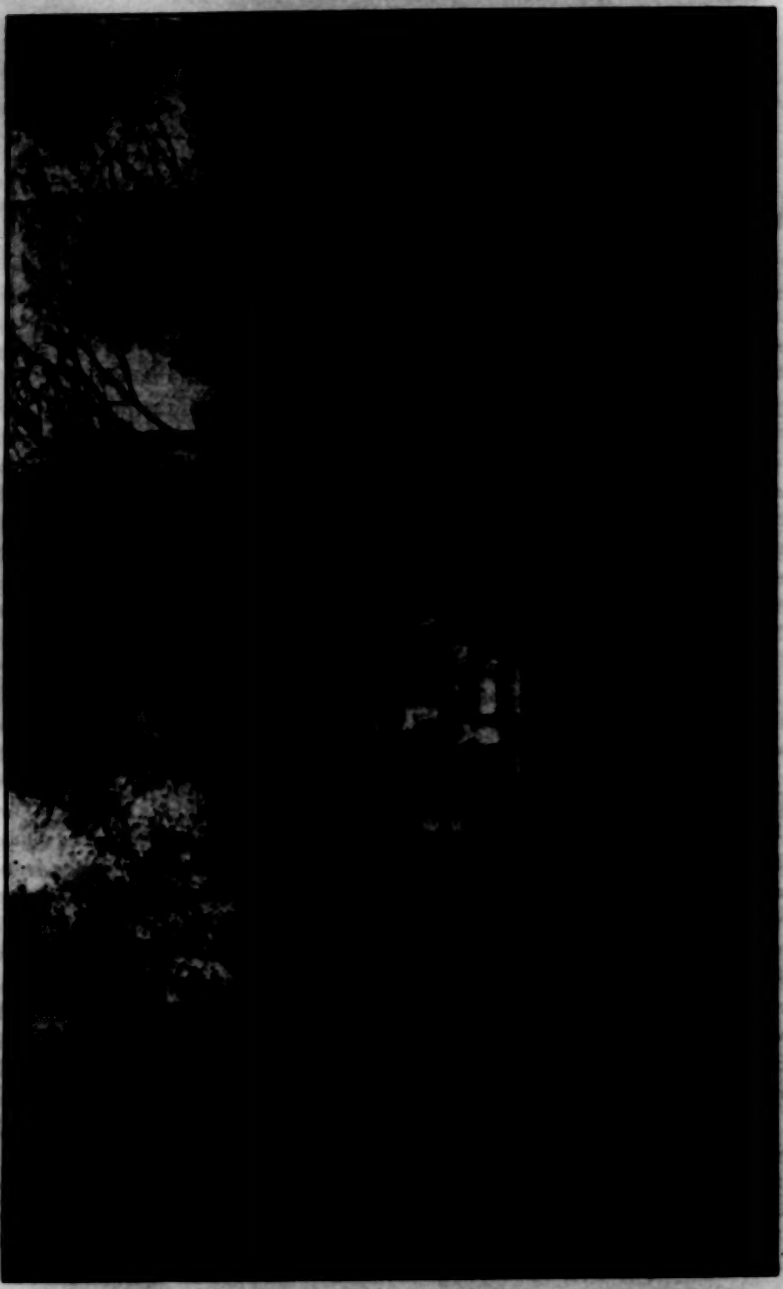
Student activities form a large part of the life of the nurse in school at St. Luke's. The crowning attainment of last year was achieved when a May-day Festival was held on our spacious lawn. The idea came from one of our teachers who suggested that aesthetic dancing could be done on the lawn, and she would be glad to have a class if there were enough interested. The idea of a May Festival, to be given for the public on the afternoon of May the first, resulted. A story was portrayed to the audience through dances and a delightful program of real beauty was presented.

The costumes were designed and made by the nurses and a wide range of colors was used. The May pole was wound in our school colors, Blue and Gold.

The Queen and her Maid of Honor were chosen by the school. A ballot-box was placed in the School Office and each nurse placed therein the name of the person she wished for queen. The one drawing the highest number of votes was declared queen and the one next in line Maid of Honor. These names were kept secret until the time for them to appear before the audience and ascend the throne which had been beautifully decorated with flowers and ferns.

The story follows. The day for the crowning of the Fairy Queen has arrived and all the fairies are assembled for the festive occasion. After the Queen is crowned, the fairies dance in her honor, but are frightened away by the little folk people who came out to celebrate the May Day on the green. When the folk people leave, one couple lingers behind to look for flowers and the little boy is lured away by the Naughty Fairies. The maiden, unable to find him, becomes frightened. The Queen notices her fright and sends the leader of the Good Fairies to put her to sleep and to call the Dreams. The little girl dreams of the flowers dancing and bowing before her, and then of the Rain scaring them away; followed by the Rainbow. When she wakens she tells her troubles to the Good Fairy, who calls the May Pole dancers to amuse her while the Good Fairies hunt for the little boy.

A large crowd of interested spectators had accepted the invitations and enjoyed the first May Day Festival given by the nurses of the St. Luke's Hospital.



LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 200 words and should be accompanied by the name and address of the writer.

THE JOURNAL IN TWO SCHOOLS

DEAR EDITOR: My Senior students are, as usual, subscribing for the *Journal*. We have had many interesting discussions in reference to some of the articles. What I desire most of all is that they may learn to read it and to love it.

New York — G. M. P.

DEAR EDITOR: I am having the Seniors in Ethics and History of Nursing and we have spent considerable time on the *Journal*, its value, and the splendid work Miss Palmer did in connection with it. We have ordered one of her pictures, which will hang in the reference library as a reminder of the work she accomplished.

Rhode Island — G. L. M.

A REGISTRAR'S VACATION

DEAR EDITOR: I found in the January *Journal* an article on the Wisconsin Nurses' Club and Registry and so felt rather comforted to know that there are other registrars who have problems also, some of them quite as serious as ours. I hope their registrar gets a vacation more frequently than once in three years; if not, she has my sympathy, especially if that vacation has to be curtailed. A lot of nurses dropped their cases and went away for Christmas, then when they got ready to return they expected the registrar to have work for them. Just then there was a slack time, and my substitute was at her wits' end. She was not strong enough for the nervous strain, so there was nothing for me to do but come back.

AN EASTERN REGISTRAR.

TWELVE-HOUR DUTY FOR PRIVATE NURSES

I

DEAR EDITOR: I am working in a small town and the surrounding country. From the patient's standpoint I don't see how twelve-hour duty nursing is at all possible. The average patient is only in very ordinary circumstances. The family purse is strained to the limit to pay a doctor, who often comes five or six and even ten and fifteen miles into the country, and one nurse. This nurse is kept only as long as is absolutely necessary. As soon as the patient is out of immediate danger and it is at all possible for some member of the family or an ordinary, practical nurse to care for the patient, the trained nurse is dismissed. It is often a severe strain to pay even this nurse for a short time, even two or three days or a week at the most. How could these people pay two nurses each doing twelve-hour duty? Granted that the patient is willing and able to pay two nurses, where are they to come from? The average nurse abhors country cases and flatly refuses to take them. Often even one nurse is next to impossible to find. I hear you say: "Oh, well! nearly all the small town and country people in this age are taken to the nearest hospital when they are ill." This is not true. The average patient outside the city limits, and even a small percentage in the city, have an inborn hatred and superstitious horror of a hospital. They would rather die at home without any aid than go to a hospital where they will *surely* die. Even if taken to a hospital for treatment they could not afford one nurse, let alone two. I have often been overworked on a twenty-four hour case, and I would appreciate twelve-hour duty as much as anyone. I do think, however, we have to take into consideration the average patient's standpoint, the question of the nurses who refuse to do small town and country nursing, no matter how great the need, the great scarcity of private duty nurses, and the conquering of people's horror of hospitals. Until these problems are solved I think twenty-four hour private duty nursing must still continue for the good of the country, if not of the nurse.

New York — R. H. H.

II

DEAR EDITOR: In the March *Journal* appeared several articles in regard to twelve-hour duty. There is much food for thought in each. In my humble opinion,

group nursing solves this problem fairly well in hospitals. One nurse can easily care for several convalescent patients on twelve-hour duty; the nurses can change off doing day and night duty. Personally, I do not approve of nurses sleeping in halls or in patients' rooms and prowling around in night attire. I am a private duty nurse from choice, and love it. I have done a great deal of twenty-four hour service. I prefer private home to hospital cases, although I think every nurse should take hospital cases occasionally for her own good. It has been possible for me, in prolonged, serious illness, to obtain a second nurse by stating facts in a straightforward manner to the patient's family and physician, explaining that a nurse who is half dead for the want of rest cannot do justice to the patient or herself. In nine cases out of ten, people are reasonable and quick to see the point, and in most instances they are willing to employ a second nurse. If financial circumstances prohibit this, however, one can almost always find some reliable person to relieve you during the day, if the patient is in a private home, and if in the hospital, the superintendent and nurses are usually willing to cooperate. If the patient is given a bath before breakfast, and is fixed up comfortably for the day, I usually manage to get off duty by nine o'clock, as the doctor has made his call by that time. Then I write out definite orders to be carried out in my absence, and return on duty just before seven o'clock in the evening, before the day nurse goes off duty. One must have cooperation, and to gain that one must have tact. Let us hope the private duty nurse will come into her own some day, and meanwhile "carry on." I wonder how many nurses have ever thought much about the abuse of aspirin! It is perfectly appalling when you go into homes of all classes to find even little children taking aspirin for headache; not only one tablet, but oftentimes from two to four five-grain tablets at a dose. Here is an opportunity for every nurse to be a teacher.

Minnesota A. L. W.

RESULTS FROM SCHOOL NURSING

DEAR EDITOR: In September 307 children were weighed and measured. According to height and age, 123 of these were found to be five pounds or more under weight. Late in November, through the cooperation of the Rotary Club the milk service was begun with 35 children. This number was secured through house to house visitation. At the present time 94 children are taking milk, one-half pint twice daily, not only the underweights, but many other children. Every month all underweight children are weighed and a record is kept. The gain has been phenomenal. From 123 who were underweight in September, to 44 in February, with the exception of a few who have gone to other schools, is a long step upward. The teachers notice the better expression on the faces of the children and the better work done in the school room. "Better color," "Work better at home," "Growing healthier," "Livelier—don't care to lie around," "Fatter," "Gain in weight," are a few comments made by the parents. The reason one of the babies takes milk is because she "doesn't eat breakfast." The reason another baby takes it, who refuses to drink it at home, is "because the rest of the kids do it." Drinking milk is not only popular with the children themselves, but the good habit is spreading. The milkmen left milk for the workmen when the new school building was being put up, and empty bottles are found in the most out of the way places in the business buildings and places of industry. A good thing may spread as rapidly sometimes as a bad one. Recently a talk on the teeth and their care was given to all the eight grades of the school by a dental hygienist. The talks were good and the children much interested. One of the druggists said he knew something was going on by the number of tooth brushes the small boys were buying.

New York E. R. C.

FROM RIO DE JANEIRO, BRAZIL

(Extracts from a personal letter)

DEAR ——: Our school is almost a year old. When we opened our school in February, we also started a ten months' emergency course for health visitors to supply the emergency of the Public Health Department. They are given theory and practice in the Training School Wards and Ambulatories and the first group of thirty have already received their certificates. Among this group

of women we have a lawyer, a graduate dentist, a pharmacist and some other very well prepared women. They are now in the field doing field work under American Public Health graduate nurses. We have another class in training at the present time. We have a very fine group of student nurses and they show a remarkable aptitude for the work. Their theoretical work is not what I would wish, but even the Normal College Graduate here has not the foundation of our girls at home; then, too, there has been a little difficulty in making our professors teach what student nurses should know. In their enthusiasm they are apt to forget that they are teaching student nurses instead of medical students. We have a theoretical and practical instructor, and a paid staff of doctors, most of whom are professors of the medical college here. The student nurses respond very quickly to our teaching and take great pride in their work. You will be pleased to know that we have student government in the Training School. The students conduct their own meetings and in this way we are trying to prepare them for their future Nurses' Association. The Foundation will give scholarships and I have already selected four to send to the States. We are giving them classes in English. They are greatly interested because it is the aim of each to go to the States for further work. We have a large Ear, Nose and Throat Clinic, Eye Clinic, Surgical, Gynecological, Medical, Skin, Venereal and Heart Clinic and the patients that come to us are surely wrecks on the high sea of life. Our Ambulatories remind me of a huge market place, these poor patients bartering their hopes at our doors. It seems to me Brazil is one vast social problem, and I must confess I have a great feeling of hopelessness (almost) when I look at this great work to be done. However, we can only hope to leave a foundation. We had a wonderful Christmas, took care of about 200 children and 300 patients. The American Naval Commission, the Girl Guides, the Manager of the Universal Film Company and others were very generous in gifts. We had a real Santa Claus and a huge tree. When the children saw the tree and the Santa Claus they were wild with joy. In the evening we had moving pictures. The whole affair was out of doors. It was hot, and we worked very hard and were very tired. However, the appreciation of these patients is our greatest recompense.

Hospital S. Francisco de Assis S. M. K.

EQUAL RIGHTS

DEAR EDITOR: In view of the fact that a printed letter with the name of a well known nurse at the end of it has been sent to many nurses to call their attention to the so-called "equal rights" amendment to the Federal Constitution, the undersigned desire to point out certain matters in connection with the proposed legislation which should be of interest to nurses. The amendment referred to, which is sponsored by the National Women's Party, reads:

"Section 1. Men and women shall have equal rights throughout the United States and every place subject to its jurisdiction.

"Section 2. Congress shall have power to enforce this article by appropriate legislation."

Nurses should know that while the amendment has a plausible sound, and at the first glance might seem well worth supporting, it could not do what it purports to do; and moreover, that Congress or the states already have the power to do what the amendment is supposed to bring about. Most women as a general principle want equal rights, but certainly the thoughtful ones will see that an act which would invalidate beneficial labor laws for women, and laws providing pensions for widowed or dependent mothers, or age-of-consent laws for girls, and other laws applying to women and not to men, cannot mean an improvement for women in general. Such thoughtful ones should advocate specific laws to correct specific discrimination against women, and would oppose blanket legislation which not only is unnecessary, but would involve endless litigation, to determine the meaning of the terms "rights" and "equal rights." It has been demonstrated that the method of specific laws to correct specific discrimination against women is feasible, for women have succeeded in the three years since the federal suffrage amendment was ratified in removing sixty-eight such discriminations in the laws of twenty-eight states. Nurses should know that opposed to the National Women's Party Amendment are:

National League of Women Voters
National Consumers League

National Women's Trade Union League
American Federation of Labor
American Federation of Teachers
National Council of Jewish Women
National Council of Catholic Women
General Federation of Women's Clubs
American Home Economics Association
National Council of Women
Girls' Friendly Society in America
Young Women's Christian Association
United Textile Workers
Republican National Committee
Democratic National Committee
American Association of University Women.

Is this not a good company in which to be? The organizations opposing the blanket amendment are not opposing equal rights for men and women, as some of them are definitely working for legislation for this purpose in the states. The opposition is directed toward the blanket method of legislation because of the uncertainty as to the legal situation, if such an amendment to the Constitution should be passed. Few people are in a position to know more about the harm the proposed amendment would do than the Chief of the Children's Bureau, and the Chief of the Women's Bureau. Both Miss Grace Abbott and Miss Mary Anderson are strongly opposed to the amendment. Should not nurses ally themselves with the strong body of women who are working against the bill? This is the personal opinion of the undersigned and does not express that of the groups which they represent.

Julia C. Stimson,
Major, Supt., Army Nurse Corps.
J. Beatrice Bowman,
Supt., Navy Nurse Corps.
Lucy Minnigerode,
Supt., U. S. Public Health Nursing Service.
Mary A. Hickey,
Supt. of Nurses, U. S. Veterans' Bureau.

TO FINLAND: INTERNATIONAL NURSES' CONFERENCE, 1925

DEAR EDITOR: Occasionally Finland and the North Pole are mentioned together in America. But as we of Finland hope to have a large number of American nurses visit us, we are anxious to remove the idea of ice and polar regions from their minds. Finland is called the land of the midnight sun and the land of a thousand lakes. The flag of Finland is a blue cross on a white ground, suggesting the bright blue northern sky and the white snow covered fields. The cross is the symbol of the great revolution and its resulting freedom to Finland. The summer in Finland is very short, but bright. It is as if all nature had wanted to fill this short period with her most cherished treasures. June 24 is the first night when the sun does not set. There are no shadows, only continuous, mysterious brightness. The fragrance of the many flowers fills the air. It seems as if in the short period of their duration they wished to give their utmost. This night is celebrated by the Finnish people. All over the country they build enormous bonfires, the flames reaching heavenward as an offering to the Great Ruler of nature. Thus worshipped our forefathers. The people dress in national costumes, singing, dancing, and playing throughout the long night. For weeks the sun does not set. The season is one of continual clear, light nights. The air is warm, the temperature rising as high as 108 degrees F. in the sun. The area of Finland is larger than England, although the population is only one-half that of New York City. The people are interesting, hospitable and cordial. We, as Nordic people, are very slow to make friends, but the friendship once formed is lasting. Finnish mythology says "music is made of sorrow." We must admit that in everything there rings a tone of melancholy. This is easily understood after one knows the conditions in which we lived. Life has been a continual struggle which has drawn us close to nature. Finland has suffered a great deal from continual wars. Sweden and Russia have continuously fought for her possession. In the midst of poverty and depression the seed of freedom has taken root. Mothers sang songs of freedom to their children while enemies were on the very threshold. Throughout the ages no sacrifice has been felt to be too great. In 1917, Finland declared herself a Republic, but in 1918 the price of freedom had to be paid with blood. Again the clash of swords was heard and the white snow fields were colored with blood. But now it became a question of freedom of nation and gladly we gave everything with that in view. Thus has been our nation's

struggle. Now as a young Republic, where through the ages the fires of culture have been burning intensively and protectively, Finland stands erect, her face to the sun, a nation among other nations. Would you like to know these people better? Decide *now*, and then in 1925 cross the Atlantic ocean to Finland, spend your summer vacation with us. Come early enough to celebrate our first summer night. Live the short summer weeks with us. With all our hearts we will welcome you.

Finland KYLLIKKI POHJALA, R.N.

Wanted: The name of the state, city and school from which a class of twelve will graduate on May 2, the class roll beginning,—Ruby Moss, Alma Rambo, etc. Please send the needed information to the *American Journal of Nursing*, 19 West Main St., Rochester, N. Y.

INSTITUTES OR SUMMER COURSES

California: STANFORD UNIVERSITY.—*June 24-July 30.* (For details, see April *Journal*, page 590.) UNIVERSITY OF CALIFORNIA. **Berkeley.**—*June 23-August 2.* Director, Edith Bryan. UNIVERSITY OF CALIFORNIA, **Los Angeles.**—*June 28-August 9.* Public Health Nursing, under the supervision of Helen S. Bloodgood.

Illinois: Chicago.—*August 18-29.* Courses in Psychology, Principles of Teaching, Sociology and Public Speaking. The Principles of Teaching will be divided into two series. The first series will consist of lectures on the general principles of teaching; the second series will be devoted to special application of these principles to nursing education and in connection with this latter course will be demonstrations of teaching classes in various subjects. Course B will consist of demonstrations at hospitals or other institutions. The course will meet the needs of private duty nurses, public health nurses, instructors, and executives. Programs are available May 1. Fee, $10. For information, address, May Kennedy, 6400 Irving Park Boulevard, Chicago.

Massachusetts: Cambridge.—INSTITUTE OF TECHNOLOGY.—*July 7-July 25.* Courses in Health Education Methods, Health Records and Statistical Procedure, General Bacteriology, Public Health Laboratory Methods. Fees from $25 to $40. For information, address Professor C. E. Turner, Massachusetts Institute of Technology, Cambridge, Mass. **Boston.**—INSTITUTE OF TECHNOLOGY and SIMMONS COLLEGE.—*May 5-10.* New England Health Institute. Address, Dr. Eugene R. Kelley, State House, Boston. **Hyannis.**—HYANNIS NORMAL SCHOOL.—*June 30-August 11.* Course for School Nurses. Director, Dr. Fredericka Moore.

Minnesota: Minneapolis.—UNIVERSITY OF MINNESOTA.—*Week of May 19.* (For details, see April *Journal*, page 591.) Also courses in Public Health Nursing, *June 21-July 31*, with field work, *August 1-September 5.* Director, Eula Butzerin.

Missouri: St. Louis.—SCHOOL OF SOCIAL ECONOMY.—*July 1-September 1.* Public Health Nursing. Director, M. E. Shellabarger.

New Hampshire: Durham.—UNIVERSITY OF NEW HAMPSHIRE.—*July 14-July 25.* Public Health Nursing. For information, address Elena M. Crough, State Department of Health, Concord.

New York: Albany.—STATE EDUCATION BUILDING.—*May 5-9.* (For details, see April *Journal*, page 591.) **New York City.**—TEACHERS COLLEGE, COLUMBIA UNIVERSITY. Regular summer courses. For information, address The Registrar. NEW YORK UNIVERSITY.—*July 7-August 15.* Health Education. Director, Dr. John W. Withers, 32 Waverly Place. **Oswego.**—STATE NORMAL SCHOOL. Course for school nurses. Director, Sarah Olmsted.

Ohio: Cleveland.—WESTERN RESERVE UNIVERSITY.—*June 23-August 1.*—Two courses in Nursing will be offered this summer, one in Administration and Supervision in Schools of Nursing, and the other in Teaching in Schools of Nursing. A description of these courses and also of courses offered in Education, Psychology, English, History, etc., will be found in the Summer Session Catalogue which can be secured by writing to The Registrar, Senior Teachers College, Cleveland School of Education and Western Reserve University.

Oregon: UNIVERSITY OF OREGON. (See April *Journal*, page 591.)

Pennsylvania: Philadelphia.—THE PENNSYLVANIA SCHOOL OF SOCIAL AND HEALTH WORK.—*July 7-August 16.* (For details, see April *Journal*, page 591. **State College.**—*July 7-August 18.* Course for school nurses. Director, Anna Stanley.

Washington: Seattle.—UNIVERSITY OF WASHINGTON.—*Week of July 7.* (For details, see April *Journal*, page 591.)

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

19. Please suggest some topics that could be used for discussion by Alumnae Associations.

1. *Practice in Parliamentary Law.*—Is there anyone in your community who is more or less familiar with parliamentary usage? If so, she might be willing to conduct parliamentary practice for ten or fifteen minutes at each meeting.

2. *What are the present day opportunities for nurses?*—If you should accept this topic, we shall be glad to give the person to whom it is assigned any help we can from our Headquarters office.

3. Appoint a small committee of three or five to make a study of the nursing resources either in the state or your locality, asking them to bring in a report within one or two months, whatever length of time it may take to collect the data.

4. *Current Events.*—The person willing to take this subject should be advised to keep in touch with the librarian at the public library, who, I am sure, would be glad to give this information, and she could give a five-minute talk at each of your meetings on current events, which is always most interesting.

5. Another good subject to present before groups of nurses is Life Insurance. Have some woman representative of any of the Insurance Companies give a general talk with the understanding that she is not to solicit.

6. Have a representative from the local Federation of Women's Clubs address one of your meetings, and she undoubtedly will tell how the nurses might coöperate with the Federation of Women's Clubs in the activities in the community.

7. *Is Psychology necessary for nurses?*

8. Devote one meeting of your Alumnae to entertaining the Senior Class of the hospital, having some one speak on what an alumnae is, its objects and advantages and its relation to the district and state associations. On this last subject, we shall be very glad to supply data.

AGNES G. DEANS,
Secretary, A. N. A.

20. How does a magnesium sulphate pack, saturated solution, applied cold, reduce swelling?

"Magnesium sulphate is applied locally in saturated solutions to inflammations of the skin and other skin diseases. It is also applied locally in the same solutions for rheumatic swellings of the joints, neuritis, etc. It relieves the pain by its local anaesthetic effect and the swelling by the fact that the saturated solution withdraws fluid from the tissues."—Materia Medica for Nurses, Blumgarten, page 445.

21. How long is a nurse, registered in her own state but not registered in New York, allowed to do private duty or institutional nursing in New York, or is she not allowed to practice at all?

The State Board of Nurse Examiners of New York does not issue any temporary licenses. That is to say, no one may practice as a trained, graduate, certified or registered nurse in the State of New York until she has received a letter from the Department stating that her credentials are such as to entitle her to a registered nurse license.

ALICE S. GILMAN, *Secretary,*
New York State Board of Nurse Examiners.

22. What constitutes a sustaining membership for the Isabel Hampton Robb Memorial Fund?

Any sum of money which is pledged as a regular contribution for a stated number of years constitutes a sustaining membership.

Journals Wanted.—Maud McClaskie, Farrand Training School, Detroit, Mich., wishes a copy of the *Journal* for May, 1909, and for May, 1912.

Journals on Hand.—Viola E. Pratten, The Sanitarium, Clifton Springs, N. Y., has the following numbers of the *Journal* to give away for the amount of postage or express: Vol. XX, No. 10, 11, 12; Vol. XXI, October missing; Vol. XXII, October and November missing; Vol. XXIII, January missing.

The National Nursing Convention will be held in Detroit, Michigan, June 16-21, 1924. This is the biennial meeting of the American Nurses' Association, the National Organization for Public Health Nursing, and the annual meeting of the National League of Nursing Education.

Arrangements.—Woodward Avenue Baptist Church has been selected for Headquarters, with information booth and rooms for registration and exhibits. This commodious church with its large Memorial Hall, with the fine big Church House of the Central Methodist Church near by, will provide three auditoriums with excellent acoustic properties, two large rooms for press purposes, and ample space for as many conference rooms and round tables as may be desired. Joint meetings will be held in the auditorium of Cass Technical High School a few blocks distant.

Hotels.—The Arrangements Committee requests that all reservations be addressed to Mr. E. B. Cookson, 821 Ford Building, Detroit, Michigan. Requests should be made on the form printed below, or letter should contain the following information: name, address, hotel preferred, single or double room, date and approximate hour of arrival, names of persons for whom reservations are made. All reservations should be made immediately or at the earliest date possible. Do not send money with request. A list of hotels is given below. To meet the needs of nurses travelling in parties, the hotels have provided rooms large enough to accommodate two or three persons. The expense of the trip may be considerably lessened in this way.

Nurses who are planning to motor to Detroit should also communicate with Mr. E. B. Cookson for full information regarding routes and points of interest.

HOTELS AND RATES

Hotel Statler—Washington Blvd. and Park Blvd.
Single rooms with bath—$3.00, $3.50, $5.00
Double rooms with bath—$5.00, $7.00 and up

Hotel Tuller—Park Blvd. and Adams Ave.
Single room with bath—$3.00 and up
Double room with bath—$5.00 and up
Large room, double bed, two single wall beds—$2.50 per day per person

Hotel Wolverine—Witherall and Elizabeth Sts.
Single rooms with bath—$3.00 to $6.00
Double rooms with bath—$5.00 to 8.00

Hotel Fort Shelby—525 Lafayette Blvd.
Single rooms with bath—$3.00 to $5.00
Double rooms with bath—$4.50 to $7.00

Hotel Dixieland—John R. St. and Farmer St.
Single rooms with running water—$2.00
Single rooms with bath—$3.00
Double rooms with running water—$2.50
Double rooms with bath—$4.00
Suite of 2 rooms with bath, 4 people, 2 double beds, $5.00 for suite

Hotel Madison and Lennox—Madison St. and John R. St.
Double room with bath—$3.50 and $4.00
Living room, bedroom, bath, for three persons—$7.50
Living room, bedroom, bath, for two persons—$6.00

Hotel Prince Edward—Windsor, corner Ouellette St. and Sandwich St.
Single rooms with bath—$2.50 to $4.00
Double rooms with bath—$5.00, $6.00 and $7.00

FAMILY HOTELS AND APARTMENTS

Grace-Harper, 201 E. Alexanderine Ave.
Living room with murphy bed, dressing room, dining room, (Pullman) accommodate two—$3.50 day
Same as above with bedroom, to accommodate 4—$5.00

Harding—129 Charlotte Ave.
Living room with murphy bed, dressing room, pullman diner, to accommodate two—$4.00 day
Same as above with bedroom, to accommodate four—$6.00 day

Willis Arms—675 Willis Ave. West
Rooms—$1.50, $2.00 and $2.50 day
Apartment, living room, bedroom, kitchen,

NAME

ADDRESS

HOTEL PREFERRED

ROOM SINGLE DOUBLE

DATE OF ARRIVAL

APPROXIMATE HOUR OF ARRIVAL

NAMES OF PERSONS FOR WHOM RESERVATIONS ARE MADE

to accommodate two or three people—$2.50 day

Jacobs-Manor, 2627 John R. St.

Living room, bedroom, kitchenette, bath, to accommodate three or four people—$18-$25 week

Parmenter—Warren Ave. and John R. St.

Can accommodate probably 75 or 80 people

1 room and bath, to accommodate two—$5.00

2 rooms and bath, to accommodate four—$7.00 and $8.00

Why not send application for hotel reservation today? Late arrivals who have not made reservations are requested to go immediately to the Convention Information Booth, Hotel Statler, for information concerning available space in hotels and for room list.

Official Instructions to Delegates to the American Nurses' Association

Headquarters.—The Statler Hotel will be the headquarters, and registration will be at the Woodward Avenue Baptist Church. Registration will begin on Monday, June 16, as soon after 8 a. m. as possible.

Representation.—Each State Association is entitled to one delegate for every fifty of its members. State Associations of fifty or less are entitled to one delegate.

Credential cards were sent to each state secretary in April, for the number of delegates to which the State Association is entitled. These cards must be signed by the Secretary or the President of the Association. All delegates must be active resident members of the state which they represent. If a delegate is sent with several votes, she must carry a credential card for every vote. Proxy votes are allowed only in the election of officers.

Advisory Council.—State Presidents should plan to reach Detroit not later than 2 p. m., Saturday, June 14, in time to attend the meeting of the Advisory Council, of which they are members.

There will be no badges. All who attend the convention will be provided with an identification card at the time of registration.

Proposed Amendments to the By-Laws

1. Amend Article IV, Section 5 by striking out last three lines "but by accepting, etc."
2. Amend Article VII, Section 1, (a) by substituting "Membership" for "Eligibility."
3. Amend Article VII, Section 6, by substituting "September" for "October" in the fourth line.
4. Amend by adding another Section to Article III to provide for a "president-elect."

Agnes G. Deans, *Secretary.*

Ticket of Nominations for 1924 American Nurses' Association

For President

Adda Eldredge, Madison, Wis.
S. Lillian Clayton, Philadelphia, Pa.

For First Vice-President

Elnora Thomson, San Francisco, Calif.
M. Helena McMillan, Chicago, Ill.
Mary C. Wheeler, Chicago, Ill.

For Second Vice-President

Jane Van De Vrede, Atlanta, Ga.
Carolyn E. Grey, Cleveland, O.
Anna C. Jamme, San Francisco, Calif.

For Secretary

Agnes G. Deans, New York, N. Y.

For Treasurer

V. Lota Lorimer, Cleveland, O.
Louise Sherwood, Syracuse, N. Y.

For Directors (Three to be elected)

Louise M. Powell, Minneapolis, Minn.
Helen Scott Hay, Savanna, Ill.
Elizabeth E. Golding, New York, N. Y.
Julia C. Stimson, Washington, D. C.
Lulu F. Abbott, Lincoln, Neb.
Carrie M. Hall, Boston, Mass.
Elsie M. Lawler, Baltimore, Md.
Mrs. Chas. C. Bailey, Topeka, Kansas.
Mrs. Janette F. Petersod, Pasadena, Calif.

Mrs. Chas. C. Bailey, *Chairman.*
Mrs. Eda Pine,
Alice S. Gilman,
Sally Johnson,
Ada Belle McCleery,
Nominating Committee.

The Private Duty Section

All state associations having Private Duty Sections are asked to communicate that fact to the Secretary of the National Private Duty Section, Minnie Hollingsworth, 37 Franklin Street, Watertown, 72, Mass.

Ticket of Nominations

National League of Nursing Education

For president, Laura R. Logan; for first vice-president, Carrie M. Hall; for second vice-president, Mary M. Pickering; for secretary, Ada Belle McCleery; for treasurer, Marion Rothman; for directors, Annie W. Goodrich, Bena M. Henderson, Mary M. Roberts, S. Lillian Clayton.

Ethel P. Clarke, *Chairman.*
Jessie E. Catton,
Grace Phelps,
Nominating Committee.

Convention Registration

The 1924 Convention in Detroit will see the inauguration of a plan to combine registration for the A. N. A., N. L. N. E., and the N. O. P. H. N. The registration of all individual members and delegates of corporate members of the A. N. A., all members of the League and delegates of the N. O. P. H. N., as well as the guests of the three organizations will take place in one room. The registration of all guests will be cared for at a separate table. The space allotted to each of the organizations will be arranged with a view to the maximum of comfort and a minimum of time and effort for all concerned in the registration. There will be one entrance and one exit and an adequate number of guides to facilitate movement before the registration desks. Those at Headquarters have given much time and thought to the making of the registration cards. The adoption of the same type of card in different colors makes possible the combined filing of all cards in one visible index at the end of each day's registration. This method makes available for ready reference at the end of each day and the beginning of the next day the total registration, the representation by states, and at a glance (by the color of the card) the registration by organizations. The registrant's name with address will be visible and Convention address easily found. In this way you may locate your friends. The Registration Room will be open the first four days of the Convention (June 16th through June 19th) from 8 a. m. until 12 m.). Every nurse will be interested in the success of this combined registration. Those attending the Convention will help by coming early to the Registration Room (Gymnasium of the Baptist Church, Winder Street and Woodward Avenue) and registering promptly on arrival.

Transportation

A reduction of one and one-half fare on the "Certificate Plan" will apply for members attending the Biennial Nurses' Convention held at Detroit, Michigan, June 16-21, 1924, and also for dependent members of their families, and the arrangement will apply from the following territory:

A special arrangement with the various Railroad Passenger Associations of the United States to reduce the rate of fare to one and one-half from all parts of the United States has been scheduled for all those attending the biennial meeting. This arrangement is on the certificate plan. The following instructions and limitations with regard to the certificate plan should be observed:

1. Tickets at the regular one-way tariff fare for the going journey may be obtained on any of the following dates (but not on any other date): June 12-18. Be sure that, when purchasing your going ticket you request a CERTIFICATE. *Do not make the mistake of asking for a "receipt."*

2. Present yourself at the railroad station for ticket and certificate at least thirty minutes before departure of train on which you will begin your journey.

3. *Certificates are not kept at all stations.* If you inquire at your home station, you can ascertain whether certificates and through tickets can be obtained to place of meeting. If not obtainable at your home station, the agent will inform you at what station they can be obtained. You can in such case purchase a local ticket to the station which has certificates in stock, where you can purchase a through ticket and at the same time ask for and obtain a *certificate* to the place of meeting.

4. Immediately on your arrival at the meeting present your certificate at the transportation desk for the endorsement of the representative of your respective organization, as the reduced fare for the return journey will not apply unless you are properly identified as provided for by the certificate.

5. Arrangements have been made for validation of certificates by a Special Agent of the carriers on June 16-21 if the required minimum of 250 certificates is presented.

6. *No refund of fare will be made on account of failure either to obtain a proper certificate nor on account of failure to have the certificate validated.*

7. So as to prevent disappointment, it must be understood that the reduction on the return journey is not guaranteed, but is contingent on an attendance of not less than 250 members of the organization at the meeting and dependent members of their families, holding regularly issued certificates obtained from ticket agents at starting points, showing payment of regular one-way tariff fare of not less than 67 cents on going journey.

8. If the necessary minimum of 250 certificates is presented to the Special Agent as above explained, and your certificate is duly validated, you will be entitled up to and including June 25, 1924, to a return ticket via the same route over which you made the going journey, at one-half of the regular one-way tariff fare from the place of the meeting to the point at which your certificate was issued.

9. Return ticket issued at the reduced fare will not be good on any limited train on which such reduced fare transportation is not honored.

Passenger Associations Allowing the Special Rate

Trunk Line Association: From New York State (east of and including Buffalo, Niagara Falls, Suspension Bridge and Salamanca), New Jersey, Pennsylvania, (east of and including Erie, Oil City and Pittsburgh), Delaware, Maryland, District of Columbia, Virginia and West Virginia (east of and including Wheeling, Parkersburg, Kenova, Orange and Norfolk). C. M. Burt, Chairman, 143 Liberty St., New York, N. Y.

New England Passenger Association: From New England. N. W. Hawkes, Chairman, South Station, Boston, Mass.

Southeastern Passenger Association: From territory south of Ohio and Potomac and east of Mississippi Rivers. W. H. Howard, Chairman, Healy Building, Atlanta, Ga.

Western Passenger Association: From territory west of Chicago, Peoria and St. Louis and east of Washington, Oregon and Nevada. E. E. MacLeod, Chairman, Transportation Building, Chicago, Illinois.

Southwestern Passenger Association: From territory southwest of St. Louis, including Texas, Arkansas, Oklahoma, Missouri (south of Missouri River) and Louisiana (west of Mississippi River). J. E. Hannegan, Chairman, 704 Compton Building, St. Louis, Missouri.

Trans-Continental Passenger Association: From California, Nevada, Oregon and Washington. E. L. Bevington, Chairman, Transportation Building, Chicago, Illinois.

Note: Local traffic in Canada is not included.

Visit Battle Creek While in Michigan

A very cordial invitation is extended to all nurses attending the Biennial Convention to visit Battle Creek, which is on the main line between Chicago and Detroit. It is suggested that itineraries be arranged to permit those who wish to stop over for a few hours to enjoy a banquet and a visit at the Battle Creek Sanitarium and to see other places of interest in the city. Anyone wishing to take advantage of this opportunity is requested to write to Mrs. Mary S. Foy, Battle Creek Sanitarium, giving date of arrival and hour of leaving Chicago.

Visit Chicago

First District, Illinois State Association, will have headquarters for delegates passing through Chicago en route to the Convention at their club rooms, 116 South Michigan Avenue. If delegates will notify Minnie H. Ahrens, Executive Secretary, of the places they are interested in seeing or the way they wish to spend their time while in Chicago, plans will be made for them. The District will have open house Friday, Saturday and Sunday, June 13-15.

The Program.—A forecast of the Program was published in the April *Journal*. Groups who are planning dinners or luncheons are requested to notify the chairman of arrangements as soon as they can conveniently do so.

NURSES' RELIEF FUND

Report for March, 1924

Receipts

Balance on hand, February 29, 1924		$16,955.77
Interest on Liberty bonds		299.62
California: District 1, $66; Dist. 2, $5; Dist. 3, $20; Dist. 5, $26; Dist. 9, $60; Dist. 2, $5		177.00
Florida: District 4		13.00
Illinois: State Assn., $104; Anonymous, $20		124.00
Maryland: Two individuals		2.00
Massachusetts: Three individuals, $25; Lynn Hospital Alum. Assn., $10		35.00
Michigan: Dist. 1, Individual, $1; Dist. 3, Battle Creek Sanitarium Alumnae, $5; Nichols Hospital Alumnae, $1; Dist. 4, Individual members, $3; Dist. 8, Flint Nurses' Assn., $50		60.00
Minnesota: Ten individual members of Asbury M. E. Hosp. Alumnae, $10; Dist. 2, St. Luke's Hospital Alumnae, $3; Individual members, $18.50; Dist. 5, St. Luke's Alumnae, $8.50		40.00
Missouri: Dist. 2, University Hosp. Alumnae, $20; Research Hospital Alumnae, $31; Four individuals, $4; Trinity Lutheran Alumnae, $44; Dist. 3, Individual members, $2; Jewish Hosp. Alumnae, $10; Dist. 7, Individual members, $7		118.00
New Jersey: Dist. 1, Mountainside Hospital Alumnae, $35; Alumnae Association, Homeopathic Hospital, Newark, $25; five individuals, $7		67.00
New York: Dist. 2, $20; Frederick Ferris Thompson Hospital Alum., $10; Dist. 9, Student body, Albany Hospital, $26; Dist. 13, Roosevelt Hospital Alumnae, $30; Dept. of Health Field Nurses' Assn., $10; Lenox Hill Hospital Alumnae, $10; six individuals, $71; St. Joseph's Alumnae, Yonkers, $25; Dist. 14, $111; Brooklyn Hospital Student body, $25		338.00
North Carolina: Dist. 2		35.00
Ohio: Ashtabula General Hospital Alum., $15; Youngstown Hospital Alumnae, $25; Charity Hospital Alumnae, $10		50.00
Pennsylvania: Dist. 2, St. Joseph's Hospital Alum., Reading, $20; Reading Hospital Alumnae, $72		92.00
Texas: Dist. 2, $8; Dist. 5, $30; Dist. 6, $33		71.00
Washington: Gray Harbor County Nurses' Assn., Aberdeen		8.00
Wisconsin: Dist. 1		30.00
Total Receipts		$18,515.39

Disbursements

Paid to 46 applicants	$690.00	
Printing	15.62	
Farmers' Safe Deposit Company	15.00	
Farmers' Loan & Trust Company, exchange on checks	.90	
Check returned by bank, mutilated	1.00	
Money order returned	7.00	729.52
Balance, March 31, 1924		$17,785.87
Invested Funds		71,951.57
		$89,737.44

All contributions for the Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman or, if her address is not known, to the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address. For further information address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York.

REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND TO APRIL 10, 1924

Previously acknowledged	$28,208.84
Iowa: District No. 4	25.00
Bridgeton Hospital Nurses' Alumnae, Bridgeton, N. J.	5.00
Registered Nurses' Assn. of Middle Tennessee	25.00
The Louisville and City Hospital, Louisville, Ky.	10.00
Graduate Nurses' Association of New Hampshire	5.00

Alumnae Assn. of Orange Memorial Hospital School of Nursing, Orange, N. J.	10.00
Kentucky: Eastern Dist. Division	25.00
Melrose Hospital Nurses' Alumnae Association, Melrose, Mass.	5.00
King County Assn., Seattle, Wash.	5.00
Middlesex County Branch, Massachusetts	35.00
Pennsylvania: Dist. 3, Hazelton	25.00
Alumnae Assn. of Methodist Episcopal Hospital Training School, Brooklyn, N. Y.	5.00
Presbyterian Hospital Nurses' Alum. Association, Philadelphia	25.00
One individual, Newport, R. I.	2.00
Total	$28,415.84

MARY M. RIDDLE, *Treasurer*.

REPORT OF THE McISAAC LOAN FUND TO MARCH 10, 1924

On hand at last report	$398.00
Iowa: District No. 4	25.00
Bridgeton Hospital Nurses' Alumnae, Bridgeton, N. J.	5.00
Graduate Nurses' Assn. of New Hampshire	5.00
Alumnae Assn., Orange Memorial Hospital School of Nursing, Orange, N. J.	10.00
Kentucky: Eastern Dist. Division	25.00
King County Association, Seattle, Wash.	5.00
Pennsylvania: Dist. 3, Hazelton	25.00
Alumnae Assn., Methodist Episcopal Hospital Training School, Brooklyn, N. Y.	5.00
	$503.00

MARY M. RIDDLE, *Treasurer*.

Contributions to either fund may be sent to the treasurer, Mary M. Riddle, 36 Fairfield Street, Boston, Mass. Checks should be made out separately, but they may be made payable to Mary M. Riddle, Treasurer.

REPORT OF THE COMMITTEE ON FEDERAL LEGISLATION

There have been no developments of reclassification beyond the favorable reporting of the amendment to the bill abolishing the Personnel Classification Board and placing the classifying of government employes under the Civil Service Commission. This bill will probably pass, and while it is doubtful if the Civil Service Commission will be any more favorable to the recognition of nurses than the present Personnel Board, we at least will have but one agency to deal with rather than three.

LUCY MINNIGERODE, *Chairman*.

Mary A. Brownell has taken up the duties of second assistant director of the National Organization for Public Health Nursing. Following three years of war service, Miss Brownell spent one year at the School of Social Work of the University of Oregon and has since been engaged in county work in Oregon and in the supervision of tuberculosis in the generalized nursing service of the Portland Visiting Nurse Association.

THE CONVENTION OF THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES will be held in Hamilton, Ontario, June 25-28. The National Conference of Social Work will meet in Toronto, Ontario, June 25-July 2. These cities are within 150 miles of Detroit. There is an excellent highway for motorists.

There will be a special meeting of Catholic nurses for the purpose of forming an International Guild of Nurses, some time during the A. N. A. Convention. All those interested are asked to come prepared to take up this matter. Notices of the time and place of the meeting will be posted at the Convention. A retreat for nurses and a series of further Conferences for the organization of the International Guild of Nurses will be held at Spring Bank, Okauchee, Wisconsin, the headquarters of the Catholic Hospital Association, immediately after the meeting in Detroit. Catholic nurses are invited to this retreat and the conferences.

ARMY NURSE CORPS

During the month of March, 1924, the following named members of the Army Nurse Corps were transferred to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, 2nd Lieut. Edna M. Long; to Station Hospital, Fort Benning, Georgia, 2nd Lieuts. Louise Heyen, Mary J.

Palmes; to Fitzsimons General Hospital, Denver, Colorado, 2nd Lieuts. Lula A. Booth, Maude L. Dally, Frances C. Henchey, Edith A. Mattoon; to Letterman General Hospital, San Francisco, California, 2nd Lieuts. Ella Norris, Marie L. Lorenz, Kathleen Mitchell, Catharine Wolfe; to Station Hospital, Fort Monroe, Virginia, 2nd Lieut. Anna K. Reidelbach; to Station Hospital, Fort Riley, Kansas, 2nd Lieuts. Marie Hermanson, Mary A. Scanlon; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieut. Sara C. Brogan; to Station Hospital, Fort Sheridan, Illinois, 2nd Lieut. Anna L. Schultze; to Hawaiian Department, 2nd Lieuts. Sara A. Clark, Catherine G. Hoff, Alma T. Skoog.

Orders have been issued for the separation from the service of the following named members of the Corps: 2nd Lieutenants, Louise Boehme, Edna L. Calely, Elizabeth H. Crothers, Beatrice N. Hallowell, Emarose Ingold, Mayme Johnson, Cecelia McBeath, Frances A. Merrill, Alice L. O'Brien, Sara G. Roberts, Kathryn M. Rabush, Margaret F. Staples.

ARMY SCHOOL OF NURSING

We regret to record the sudden death of Violet Dorothy Eddy, who was a member of the class of 1924. Miss Eddy was within a few months of completing her course when her death occurred. She was on leave at her home in Cortland, New York, recuperating from fatigue and certain supposed minor conditions of ill health with which she had been troubled while on her public health affiliation at Henry Street. Miss Eddy was one of the outstanding members of her class, and full of promise, and her untimely death is a loss not only to her family and her class, but to the profession.

The graduating exercises of the Army School of Nursing will be held jointly with the Army Medical School and the Army Dental School at the Army Medical Center on Friday, June 6. A class of forty-five will receive diplomas at that time. During the same week it is probable that a meeting of the Alumnae Association of the Army School of Nursing will be held at the Center.

JULIA C. STIMSON,
Major, Supt., Army Nurse Corps,
Dean, Army School of Nursing.

NAVY NURSE CORPS

During the month of March the following nurses were transferred: To *Annapolis, Md.*, Matilda E. Anderson, Louise E. LeClair; to *Brooklyn, N. Y.*, Mary M. Maxey, Floy I. Walter; to *Canacao, P. I.*, Myrtle I. Carver, Katherine C. Greer, Irene M. Lannon; to *Charleston, S. C.*, Gertrude A. Klesius; to *Guam, M. I.*, Laura M. Gibson, Annie Leighton; to *League Island, Pa.*, Barbara F. Egenreider, Mary L. Drohan; to *Mare Island, Calif.*, *Elisabeth H. Beall*, Rosa L. Lane, Irene Pfisterer, Edith L. Stauffer, Annie B. Wayland, Chief Nurse; to *Puget Sound, Washington*, Agnes E. Nolan; to *San Diego, Calif.*, Lena B. Coleman, Chief Nurse; Pauline J. Spann, Lucy A. West; to *U. S. S. Relief*, Mary Hennemeier, Ellen E. Wells; to *Washington, D. C.*, Caroline W. Spofford, Agnes E. Mears.

Resignations: Adele M. Conkling, Mary Nichols, Bruce Venable, Helen Walsh.

Honorable Discharge: Emma L. Spatcher.

Discharged from Inactive Status: Grace A. MacFerran.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Transfers: To *St. Louis, Mo.*, Nelle Hayes, Clara Hayes, Myrtle Brown; to *Chicago, Ill.*, Agnes Lally; to *New Orleans, La.*, Gertrude Fuller, Pearl Morton; to *Norfolk, Va.*, Wilhelmina Hicks, Dora Brassfield.

Reinstatements: Ella Carey, Marion Lynch, Margaret Burdett, Josephine Tuohner, Lucretia Wilson, Mattie Perlman, Ida Jones-Seright, Honora E. Brett.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

UNITED STATES VETERANS' BUREAU

Hospital Service Transfers: To *Ft. Bayard, N. M.*, Katherine M. Kirby, Mary Callecotte; to *Ft. Lyon, Colo.*, Helma Krause; to *Dwight, Ill.*, Ellen Robinson, H. N., Isabelle Butler; to *Maywood, Ill.*, Lillian Fink, Florence Berrehus; to *Whipple Barracks, Ariz.*, Winifred Ephlin, Merle Craven; to *American Lake, Wash.*, Anna E. Streth, Vivian E. Barnhart, Sylvia Montgomery, Jane A. Kenny, H. N.; to *Greenville, S. C.*, Minnie Lee.

Reinstatements: Lena M. Carlson, Mrs. Rose M. Callaghan, Mrs. Laura F. Emery, Louise Knapp, Susie G. Greene, Mrs. Lucy H. Huff, Josephine Brown, Margaret L. Maher.

District Medical Service Transfers: To *Greenville, S. C.*, Kathleen E. Binns; to *Otean, N. C.*, Ada Finley; to *Bronx, N. Y.*, Elsie Hixson.

During the month the new hospital at American Lake, Washington, was opened for the reception of patients. This is a hospital for the care and treatment of mental diseases.

MARY A. HICKEY,
Superintendent of Nurses.

AMERICAN CONFERENCE ON HOSPITAL SERVICE.—Delegates representing thirteen of the seventeen national organizations which comprise the American Conference on Hospital Service attended the meeting held March 4, in Chicago. Dr. Frank Billings, who for the past four years has been president of the conference, presided. As president, Dr. Billings made an informal report. He outlined the work which has been accomplished by the Hospital Library and Service Bureau and discussed the work of the conference in promoting the idea of training non-medical clinical assistants and laboratory technicians. He said that the conference had not engaged in practical work regarding the problem, but had succeeded in gaining a great deal of information with the coöperation of the committee on the intern problem of the American Medical Association. Dr. S. S. Goldwater of New York was elected president.

THE NATIONAL TUBERCULOSIS ASSOCIATION will hold its annual meeting in Atlanta, Georgia, May 5-12.

THE UNITED STATES CIVIL SERVICE COMMISSION will receive applications for the position of Assistant Chief, Nurses' Training School, until May 20. Inquiries should be addressed to the U. S. Civil Service Commission, Washington, D. C.

Alabama: THE NURSES' BOARD OF EXAMINATION AND REGISTRATION will hold an examination for the registration of nurses in Mobile, May 26 and 27; in Montgomery, May 27 and 28; in Birmingham, May 28 and 29. All applications and credentials, with photograph, must be filed with the Secretary-Treasurer at least fifteen days prior to the date set for the examination. Application blanks may be secured from the Secretary-Treasurer, Linna H. Denny, 1808 7th Avenue, N., Birmingham, Alabama. Kodak pictures will not be accepted.

Arizona: THE ARIZONA STATE NURSES' ASSOCIATION held its sixth annual meeting on April 1 and 2 in the Business and Professional Women's Club Rooms, Tucson. The meeting was a very good one considering the handicap of the absence of the President from the State and the distances to be traveled by members. On the first day, the morning was occupied with reports and business. In the afternoon, the address of welcome was given by Bruce Ellis. Other addresses were: Health and Efficiency as Based on Nutrition, by Evelyn Bentley, and Problems of the Home Maker, by Mrs. F. C. Lockwood. At 3, the members enjoyed a motor trip, followed by a banquet. In the evening there was music followed by addresses,—The State Water Supply, Jane Rider; Insulin, Dr. P. B. Newcomb, and one by Dr. C. A. Thomas. On April 2, at the morning session there was business followed by addresses with discussions,—The Preventorium, Mrs. Gertrude F. Russell; and Radium, Helen Keenan. Luncheon was at the Gray Goose. Subjects presented in the afternoon were: Advantages of Registration and District Organization, Edith P. Snowden; State Health Laws, Dr. F. T. Faglen; The X-ray, Dr. R. J. Callander. The evening session was held at St. Mary's School of Nursing, where addresses and a one-act play were given by students. Officers elected are: President, Mrs. Regina Hardy, Tucson; vice-presidents, Ruth Fuess, Bisbee, and J. F. Ross, Phoenix; secretary, Mrs. Ann Ladd, 72 West Holly Street, Phoenix; treasurer, Mrs. Gertrude Russell, Phoenix.

Arkansas: DISTRICT 4 B, KANSAS STATE NURSES' ASSOCIATION, comprising five counties,—Miller, Little River, Sevier, Howard and Pike, with headquarters in Texarkana, was organized last December, having fourteen charter members. The regular monthly meeting was held April 2, at which time plans for the program for the coming year were completed.

California: THE CALIFORNIA STATE

Nurses' Association will hold its annual meeting in Pasadena, May 20-24. The Transportation Committee of the State Association is offering an opportunity to members and friends to attend the Biennial Convention in Detroit. The Southern Pacific Route has been chosen and the itinerary planned as follows: Leave San Francisco at 11:00 a. m. on Tuesday, June 10; leave Sacramento, 2:35 p. m.; arrive Salt Lake City, 4:25 p. m., June 11; arrive Royal Gorge, 2:00 p. m. on Thursday, June 12; arrive Denver, 8:30 p. m.; arrive Omaha, 3:40 p. m., June 13; arrive Chicago, 7:00 a. m. on June 14; arrive Detroit at 3:35 p. m.

The cost of the trip from San Francisco will be: Round trip to Detroit, $105.62; lower Pullman berth to Detroit, $27; upper berth, $21.60. Meals may be obtained on the train. A special train will be provided if we have a party of 125, or special cars of 25 persons each. Special cars may be added to the train at any point for a party of 25 or more persons. Members of the party may return at any time within three months. Committee on Transportation: Mary H. Taylor, 1995 Kearney Ave., San Diego; Mrs. F. J. Conselmann, Chairman, Stockton State Hospital, Stockton, Calif. **Fresno.**—Burnett Training School graduated its twenty-fourth and largest class, thirty members, with exercises held at the Y. W. C. A. Addresses were made by Dave S. Ewing and Marian Little, Superintendent. Dr. D. H. Trowbridge presented the diplomas and Dr. J. L. Maupin, the special awards. **Los Angeles.**—District 5 held a meeting at the Y. W. C. A. on April 1. An appeal was made for subscriptions to the Isabel Hampton Robb Memorial Fund. Announcement was made that the Headquarters of the State Association, during the convention in May, would be at the Hotel Green, Pasadena, and an earnest request was made for early hotel reservation. It was reported that District 5 had contributed one thousand dollars toward the furnishing of the reception room of the new Los Angeles Nurses' Club. Miss H. King of the Pasadena High School gave a very interesting paper on Bacteriology. **San Francisco.**—The Stanford School of Nursing will celebrate its thirtieth anniversary on May 14 and 15, with a reunion and commencement exercises. Ruth H. Gustafson, first assistant to Miss Landis, has resigned.

Colorado: Denver.—The Alumnae Association of the Colorado Training School held a meeting on February 12, when George Collins, Superintendent of the Hospital, addressed the members on Coöperation. At the meeting held March 11, Margaret Lindsey gave a report of the State meeting, and Louise Perrin told of the progress of the Nurses' Club recently organized in the city. At the April meeting, there was a discussion on the Eight-hour Day for nurses. Louie Croft Boyd read a history of the Hospital and the Training School. At a special meeting, April 15, Dr. Cunningham spoke on Insulin.

Connecticut: Bridgeport.—The Bridgeport Hospital Training School held exercises for a class of 54 in the United Congregational Church, April 22. The address was given by Dr. Willard Rappleye, Yale University. **Hartford.**—The Hartford Hospital Alumnae have elected the following officers: President, Irene V. Muller; vice-presidents, Mary D. Langlois, Elizabeth Blenkhorn; secretary, Abby McCann; treasurer, Edith R. Wilson.

District of Columbia: Washington.—The annual meeting of the District of Columbia Graduate Nurses' Association will be held on May 5. The monthly meeting of the League of Nursing Education was held at Providence Hospital, March 27. Dr. O. R. Hunter of George Washington Medical School addressed the meeting on the further development of the Central School of Nursing, now in operation at George Washington University. While outlining plans for future progress he emphasized three important factors, 1, Students having proper qualifications for University work, 2, Proper living conditions, facilities for study and time for study; 3, Encouragement for future study. The consensus of opinion of the League is that the Central School experiment has proven a decided success. During the business meeting, a committee was appointed to secure members for the National League of Nursing Education drive. A social hour followed, Sister Flavia and her nurses being hostesses.

Florida: The Florida State Board of Examiners of Nurses will hold its annual

examination for registration of graduate nurses June 10 and 11; examination for licensed attendants, June 12. All examinations will be held at the Seminole Hotel, Jacksonville, beginning at 9 a. m. No application received after May 25. Louisa B. Benham, Secretary-treasurer, Hawthorne, Fla.

Georgia: Atlanta.—The Public Health Nurses of the First District met on March 3, at the Headquarters of the Nursing Service of the Metropolitan Life Insurance Company. Interesting addresses were given by Dr. Abercrombie, State Health Officer, on the Healthmobile; by Elizabeth Robison on Public Health Problems; by Mrs. W. B. Price Smith, Mary Dickinson, Alice McMaster, Ada Wolfolk, Marion Van Dyke, Mrs. R. E. Nolan, and G. H. Phillips. Officers elected were: Chairman, Emma Habenicht; vice-chairman, Lela Harris; secretary, Elizabeth Robison. The First District Association gave a luncheon on March 18 at the Winecoff Hotel in honor of Ella Phillips Crandall, of the American Child Health Organization.

Illinois: The nurses of Illinois are planning to have a "get-together" dinner during the Convention at Detroit. At former conventions it has seemed rather difficult to formulate such plans because of the many meetings, entertainments, etc. The suggestion has been made that they include the Alumnae Associations. Tables can be arranged for the individual Alumnae Associations and one for the individual members of the different districts. Each Alumnae can work out plans for its own decorations, using the school colors. The Illinois song and other popular songs will be used. Will all Illinois nurses who expect to attend the convention send their names, including the name of their school, to Ellen V. Robinson, 660 Rush Street, Chicago? Watch for final instructions in the next issue of the *Journal!* **Chicago.**—Mary C. Wheeler, Superintendent of the Illinois Training School, has resigned after many years of faithful service. Her successor has not been appointed. Miss Wheeler will have leave of absence during the summer and will return in September until her successor is installed. The Visiting Nurse Association enjoyed a course of four lectures during April by Dr. William Emet Blatz on The Psychology of Individual Adjustments. The large and valuable library of the Chicago Tuberculosis Association is being re-catalogued. It is at the service of doctors, nurses and laymen. **Matteon.**—The Memorial Methodist Hospital will graduate a class of three on Hospital Day. Through the encouragement of the Alumnae Association, a Student Council was organized in September last which is buying a Victrola for the Nurses' Home. The Alumnae Association of 22 members will open its longed-for sun porch on Hospital Day. The money, over $900, has been raised in various ways. The Association edits a paper, *The Scuturi*, which is self supporting.

Indiana: The Educational Committee of the State Nurses' Association is distributing to the high schools of the state 1000 copies of a vocational bulletin prepared by the Assistant Professor of Vocational Education of Indiana University. The bulletin sets forth, in unusually attractive form, the opportunities for girls in the profession of nursing. It is issued by the Indianapolis Chamber of Commerce and Indiana University. **Valparaiso.**—The Children's Foundation, an institution "established for the study of child life and for the dissemination of knowledge pertaining to the education and well being of children," has its headquarters in this city. Lorne W. Barclay has been chosen as vice-president in charge of administration. Lewis E. Myers is President and Founder.

Iowa: The State League of Nursing Education is holding a two days' institute in Des Moines, May 1 and 2. Meetings will be held at the various hospitals. Institutional workers and others who are interested will attend. **Des Moines.**—Broadlawns, the new county tuberculosis hospital, was formally opened on April 13. Charlotte Garrison, formerly superintendent at Sunnycrest Sanitarium, Dubuque, is superintendent of the hospital. Esther Brown is superintendent of the training school. A two days' conference of city-wide interest was held by the Des Moines Council of Social Agencies, April 30 and May 1. After an absence of two years, Marguerite Trent has returned to Iowa Methodist Hospital as Assistant Superintendent. Rose Paden, graduate of Presbyterian Hospital, Philadelphia, and for two years in the orthopedic department of the Iowa University Hos-

pital, has joined the Public Health Nursing Staff in Des Moines. Anna M. Drake has recently been honored by being elected president of the Iowa League of Women Voters. Caroline Porter is now school nurse at Nevada.

Kansas: El Dorado.—St. Luke's Hospital graduated a class of two on April 7, the exercises being held in the chapel of the hospital. A talk to the class was given by Dr. Sophia Lee Cochran; the diplomas were presented by Bishop Wise. This is the second class to graduate from this school, both having started their training at St. Barnabas Hospital, Salina. When that hospital was closed, the Superintendent and full staff came here. Efforts are being made to organize an alumnæ association consolidating it with that of St. Barnabas. A Nurses' Home is to be opened in May.

Massachusetts: Arlington Heights.—The *Round Table Oracle* is published quarterly by the students of the Arlington Training School. It is an interesting twenty-four page bulletin and of unusually high quality typographically. Its editor would be glad to arrange for exchanges with other schools publishing similar periodicals. **Boston.**—The Massachusetts Homeopathic Hospital School for Nurses held its graduating exercises for a class of thirty on March 27 in the Evans Memorial Auditorium. The address was given by Dr. Alexander Begg, Dean of the Boston University School of Medicine. The diplomas were presented by Ezra H. Baker and the school pins by Mrs. Thomas Bailey Aldrich, one of the Vice-Presidents of the Board of Trustees. A prize of $30 presented by an anonymous donor for leadership in class work was awarded to Rozelle Coleman. Honorable mention was also made of five nurses whose average for the course had been ninety or over. A gift of $30 was presented to the school by the class as a nucleus for a Training School Loan Fund. A reception at the Nurses' Home followed the exercises. Other festivities of Commencement time were: the senior dance at the Franklin Square House and a class dinner at the Hotel Brunswick, followed by a theater party. The Alumnæ of the Massachusetts Woman's Hospital elected officers at the March meeting: President, Mrs. Rodney E. Pratt; vice-presidents, Mary T. Connolly, Lillian Spelman; Secretary, A. Louise Russell; treasurer, Alice B. Goodrich. As Miss Russell is in California, Miss Goodrich is acting as secretary for the time being. Plans were made for the annual reunion and dance in April for the benefit of the free bed for nurses. The hospital is in its sixth month after reopening. The Superintendent reports fine work of students and the hospital resuming its busy days, after the four years the Government held it. The Boston City Hospital Alumnæ will hold a meeting on May 6, when an address will be given by Rev. George P. O'Connor on The Prevention of Juvenile Delinquency. The annual meeting will be held on June 3. The Norfolk and Suffolk County Branches will hold a meeting on May 29, when Mary M. Riddle will discuss Some Problems of the State Board of Registration of Nurses and Suggested Aids in Solving Them. **Fall River.**—Alice Marsh, a graduate of Newton Hospital, has been appointed Superintendent of Nurses at the Union Hospital. Mary E. G. Bliss is Assistant Superintendent. **Newton Lower Falls.**—E. Augusta Dubin, graduate of Newton Hospital, is doing missionary work in the Belgian Congo. **Ware.**—The new hospital is completed. The old building will be used as a nurses' home.

Michigan: Mrs. Helen deSpelder Moore assumed the duties of Assistant Director of the Bureau of Child Hygiene and Public Health Nursing of the Michigan Department of Health on March 1. Mrs. Moore was formerly field secretary for the Michigan Tuberculosis Society and served as director of the Southern Nursing District for the Bureau of Child Hygiene and Public Health Nursing for a year and a half. Mrs. Moore brings executive training as well as a wide experience in field work to this position. She succeeds Mrs. Elsbeth H. Vaughan, who has accepted the position of nursing director of the Central Division of the American Red Cross. Mrs. Vaughan is not lost to the nursing service of the state, since Michigan is included as one of the ten states covered by the Central Division. **Ann Arbor.**—The Alumnæ Association of the University of

Michigan School of Nurses, at its March meeting, decided to increase the amount in the Loan Fund for needy student nurses by holding a bazaar on April 4 and 5. Following the business, Dr. Newburgh spoke on Nephritis. The Association has attempted to interest the members of the Senior class in its organization by inviting them to the lectures. It is hoped that this series of lectures given by members of the University Faculty may be continued. **Battle Creek.**—An Alumni Reunion is to be held June 10-13. **Detroit.**—The First District Association held a regular meeting April 4 at the club rooms. The subject, Convalescent Homes, was discussed. The Private Duty Nurses' Section held a dinner meeting at The Pekin Inn. During dinner, the chairman, Mrs. Marion Paddock gave a report from the meeting of The Detroit Federation of Women's Legislative Committee in Washington, D. C., and The Legislative Council in Michigan and various phases of Child Welfare in which the Federation is interested. The Grace Hospital Alumnae Association will give a ball at the Statler Hotel on May 5. Agnes Gordon, Superintendent of Nurses at The Receiving Hospital entertained the staff of graduate nurses, April 14. Red Cross Demonstrations in First Aid were given by Elba Morse of the Central Division. The Farrand Training School Alumnae Association entertained the graduating class by a theater party, April 25.

Minnesota: Mankato.—Immanuel Hospital graduated a class of six on March 21, with exercises held at Immanuel Lutheran Church. The address was given by Rev. Paul Lindemann of Minneapolis. Judge Stradtmann presented the diplomas. **Minneapolis.**—The New Asbury Hospital received a class of twelve students in March. District 3 contributed to the Women's Activities Exhibit, March 5-8. The space allotted was four by four, for which an attractive background was painted showing the front of a hospital. Over the door was "Hospital—School of Nursing," while above in the tree tops, was the heading "Opportunities in the Field of Nursing." The display was of sixteen-inch dolls dressed to represent nurses engaged in various branches of work. A six-inch placard was placed beside each doll, giving not only the service but the minimum requirements for it. The exhibit was presided over each day by a private duty nurse and a public health nurse.

Montana: The Montana State Board of Examiners for Nurses will hold its annual meeting for the examinations of nurses at the State Capitol, Helena, on May 27 and 28. Frances Friedericha, Secretary-Treasurer, Box 928, Helena. **Kalispell.**—District No. 8, (18 members) gave a dinner on March 5 to raise money for its treasury. After expenses were paid, a goodly sum was left. $25 was sent to the Nurses' Relief Fund, and $10 to a local charity.

Nebraska: The Nebraska State Board of Nurse Examiners will hold its next regular examination in Omaha and Lincoln, May 19, 20 and 21. For information and application blanks write to Department of Health and Welfare, State House, Lincoln. **McCook.**—Elizabeth Garache, (class of 1921, Kalispell General Hospital, Kalispell, Mont.), has been appointed Assistant Superintendent of Nurses in the new hospital in charge of the Dominican Sisters.

Omaha: Nebraska Base Hospital Unit No. 49 will hold its fifth annual reunion, the evening of May 24, at the Burgess Nash Tea Rooms, Omaha. All members are cordially invited to attend. Please communicate with Chairman of Publicity, Pearl W. Larson, Wise Memorial Hospital, Omaha.

Nevada: The Nevada State Board for Examination and Registration of Nurses has the following members: Alice J. Craven, Emily Springmeyer, Mary E. Evans, secretary, 631 West Street, Reno.

New Hampshire: The Graduate Nurses' Association of New Hampshire held its quarterly meeting, March 12, at the District Nurses' Association rooms, Manchester. The Public Health Session at 10:30 a. m. had a good attendance. Helen McKinstry gave an address. At the same hour, the League of Nursing Education met, Grace Haskell presiding. Dr. Inez Mason of Dover told of public welfare work in that city. A general session was held in the afternoon with an attendance of fifty-five. The Relief Fund Committee reported that the state is contributing

its proportionate amount and that one New Hampshire nurse is receiving aid. Contributions were made to the Robb Scholarship Fund and to the McIsaac Loan Fund. The reclassification bill was discussed and the members went on record as opposed to it. Mrs. Alta McDufee spoke on Law Enforcement. Luncheon was served by the hostess, Mrs. Webber, and her assistants. Concord.—The New Hampshire State Hospital Alumnae held a regular meeting, March 26, in the Nurses' Home, when the following officers were elected: President, Margaret Alexander; vice-presidents, Caroline L. Knowles, Anna Liberty; secretary, Olive F. Flanders; treasurer, Ethelyn D. Jenkins. Following the business, Myla Chamberlin gave a talk on Parliamentary Law. Exeter.—Exeter Hospital held graduating exercises for a class of two on March 14. Rev. John L. Clark gave the address. A. T. Dudley presented the diplomas and Mrs. Winthrop E. Fiske, the pins. Alice M. Gaffney, the Superintendent, has resigned to go to the White Plains branch of the New York Orthopedic Hospital. She is succeeded by Miss Chisholm, temporarily. Franklin.—The Franklin Hospital Alumnae Association held its annual meeting on March 11, when the following officers were elected: President, Mrs. Florence Knowles; vice-president, Caroline Dorman; secretary, Mrs. Mildred Buswell; treasurer, Mrs. Bertha Colby. The Association has given $20 to aid an injured fireman. Graduating exercises were held for a class of two in November, last. Arrangements are being made for a reunion of all graduates of the hospital in June. The members are interested in the reclassification bill. Woodsville. — The Woodsville Hospital Alumnae Association held its annual meeting at the hospital, March 12. Officers elected are: President, Mrs. Omar Ware; vice-president, Daisy Benagine; secretary, Mrs. Arthur Bailey; treasurer, Grace Shaw. The association voted $25 to the Nurses' Relief Fund.

New Jersey: The New Jersey State Board of Examiners of Nurses will hold an examination, in the State House, Trenton, June 20, at 9:30 a. m. Mrs. Agnes Keane Fraentzel, Secretary-treasurer, Room 302 McFadden Building, Hackensack. The New Jersey State Nurses' Association held its twenty-second annual meeting in the City Hall, Plainfield, April 4. LeRoy Warren, D.D., of the First Presbyterian Church gave the invocation, and Mayor Charles E. Loizeaux, a most hearty welcome. Miss Chetwood's presidential address was full of inspiration. She particularly stressed the need of supporting the Nurses' Relief Fund to the fullest extent, in order to care adequately for the many worthy and needy nurses who make application for relief, the country over. If every nurse gave one day's salary, the Relief Fund would soon reach a million dollars, from which the income and the yearly subscriptions could be used for relief. Interesting reports of work accomplished were given by the chairmen of standing committees, and by the presidents of the State League, and the State Public Health organizations. In the afternoon, Dr. Edward S. Krans of Plainfield gave a most delightful and instructive address on The Nurse and the Nervous Patient. All Districts reported progress. Florence M. Johnson, Director of Nurses of the Atlantic Division of the American Red Cross, gave a delightful talk on Our Responsibility to the Red Cross as Nurses. Officers elected are: President, Virginia M. Chetwood, Hackensack; vice-presidents, Jane G. Wick, Atlantic City, and Martha M. Moore, Maplewood; secretary, Mrs. Lois C. MacIlroy, 43 East 21st Street, Paterson; treasurer, Mrs. Mabel G. VonDeesten, Hoboken; director for three years, Marie Louis, Plainfield; for one year, Anna E. Wetherill, Atlantic City. The Morristown Memorial Hospital, Morristown, N. J., was announced as the meeting place for the semi-annual meeting, to be held on the 7th of November. In the evening a delightful get-together dinner was given in the Knights of Columbus Hall, in which the three State Organizations joined. Christiana Reiman, Secretary of the International Council of Nurses, was one of the principal guests. The senior classes from a number of the hospitals were present as the guests of the respective alumnae associations. There were over 200 present and all had a most enjoyable time. All meetings were well attended, and the City Hall was taxed to its utmost. Camden.—The regular meeting of the West

Jersey Homeopathic Hospital Alumnae Association was held at the hospital, March 18. The following officers were elected: President, Emilie Raub; vice-president, Ellen Cross; secretary, Mrs. Edith Peters; treasurer, Mrs. B. Meinche. A dance for the benefit of the Room Fund, held on March 4, proved very successful. **Englewood.**—Mary E. Lewis, formerly Superintendent of Nurses, has been made Superintendent of Englewood Hospital. She is succeeded by Helen D. Oehlschlager, former instructor. **Newark.**—The Newark City Hospital Alumnae Association will hold a dance in honor of the graduating class, May 27, at the Nurses' Home. Graduation will be on May 28 at the Nurses' Home for a class of 24. **Orange.**—The annual meeting of the Central Registry was held in the Medical Library Association rooms, April 9. Election of officers was followed by a social hour.

New Mexico: The Board of Directors of the State Nurses' Association held a special meeting at St. Joseph's Hospital, Albuquerque, March 28, to act on the resignation of the President, Mrs. Montgomery, who has left the state. This was accepted and Teresa McMenamin was elected to fill the unexpired term. The annual meeting of the State Association will be held at the State House, Santa Fe, May 27. The Board of Nurse Examiners will meet at the same place, May 28.

New York: The Transportation Committee of the State Association announces the following itinerary for nurses attending the convention in Detroit, June 16-21: Leave New York, Sunday, June 15, 5 p. m.; Albany, 8:20; Utica, 10:28; Syracuse, 11:45; Rochester, Monday, June 16, 1:23 a. m.; arrive Detroit, 8:10 a. m. A special sight-seeing trip arranged by the Frank Tourist Company for any who wish to join it, offers the following schedule:

Special sight-seeing trip arranged by the Frank Tourist Company:

Saturday, June 21—Leave Detroit midnight. Pullman car accommodations included to Niagara Falls.

Sunday, June 22—Arrive Niagara Falls a. m. Transfer included to Clifton Hotel. Room and meals included commencing with breakfast. Great Gorge trip of twenty-two miles.

Monday, June 23—Leave Niagara Falls 9 a. m. Connect at Queenston with steamer for sail on Lake Ontario, arriving Toronto 1 p. m. Sight-seeing trip included, visiting principal points of interest. Leave Toronto 4 p. m. via Canada Steamship Company. Stateroom accommodations and meals included.

Tuesday, June 24—Arrive Thousand Islands 8:15 a. m. Room and meals included at Thousand Island House. Fifty mile ramble among the Islands included. This is made by specially constructed motor launches, giving passengers 2½ hours of sight-seeing.

Wednesday, June 25—Leave Thousand Islands 8:15 a. m. via Canada S. S. Lines. Connect at Prescott 10 a. m. with Rapids steamer. Delightful and thrilling afternoon is spent "shooting the rapids." Arrive Montreal 6:45 p. m. Connect with Quebec steamer. Stateroom accommodations and meals included.

Thursday, June 26—Arrive Quebec 7 a. m. Transfer, room and meals included at Chateau Frontenac. Sight-seeing trip to Ste. Anne de Beaupre included. Returning, stop is made at Montmorency Falls. Observation Car trip about city, visiting principal points of interest.

Friday, June 27—Leave Quebec 6 p. m. via Canada S. S. Lines. Accommodations and meals included.

Saturday, June 28—Arrive Montreal 7 a. m. Transfer, room and meals included at Queens Hotel. Sight-seeing trip visiting principal points of interest.

Sunday, June 29—Leave Montreal 9 a. m. via Delaware & Hudson R. R. Arrive Port Kent about noon. Transfer, room and meals included at Ausable Chasm Hotel. Sight-seeing trip to and through the Chasm included.

Monday, June 30—Leave Ausable Chasm after early breakfast, connecting at Port Kent with Steamer *Vermont*, 7 a. m., for sail up Lake Champlain, changing at Montcalm Landing with Lake George steamer, arriving Lake George Station 4:40 p. m. Arrive Albany 7:15 p. m. Leave Albany via

Hudson River Night Line 9 p. m. Stateroom accommodations included.

Tuesday, July 1—Arrive New York 7 a. m.

Saguenay River side trip can be made from Quebec.

1st day—Leave Quebec via Canada S. S. Lines 8 a. m. Stateroom accommodations and meals included for delightful sail down the St. Lawrence River, stopping en route at Murray Bay, arriving at the mouth of the Saguenay early evening, proceeding up the River during the night.

2nd day—Leave Chicoutimi early forenoon. A delightful trip is provided down the River, passing in full view of Capes Eternity and Trinity.

3rd day—Arrive Quebec 6 a. m.

NOTE.—Inquiries regarding this trip may be addressed to the Headquarters of any one of our national organizations, 370 Seventh Avenue, New York, or to the Frank Tourist Company, 542 Fifth Avenue, New York.

Albany.—CAPITAL DISTRICT, No. 9 held its annual meeting April 5 at Headquarters, The Education Building, with members of the State Education Department as hostesses. Officers elected are: President, Mrs. Kathryn M. Lamb; vice-presidents, Mary E. McIlroy, Anna Alline; secretary, Florence R. Freeman, 210 Eighth Avenue, Watervliet; treasurer, Catherine Corcoran; directors, Sister Rose, Mary R. Donald. The District expects to have nine members present at the Detroit convention. **Amsterdam.**—THE CITY HOSPITAL ALUMNAE at their annual meeting elected the following officers: President, Ethel M. Viele; vice-presidents, Ethel Wheaton, Marie Hammersmith; secretary, Leona Nellis; treasurer, Louis Gode. The April meeting of DISTRICT 10 was held at the Nurses' Home, City Hospital. The speaker of the evening was Mrs. Joseph Gavit, President of the Albany Women's Club and Regional Director, State League of Women Voters, on The World Court. **Brooklyn.**—The annual meeting of the ALUMNAE ASSOCIATION OF THE TRAINING SCHOOL FOR NURSES OF THE LONG ISLAND COLLEGE HOSPITAL was held on April 8 at the club house, and the following officers were elected: President, Bessie Donaldson; vice-presidents, Marion Harris, Hazel McKee; recording secretary, Madge Nevins; corresponding secretary, Schleme Rosenblott; treasurer, Helen V. Kenney. ST. MARY'S HOSPITAL ALUMNAE, at their annual meeting, elected the following: President, Helen Warburton; vice-president, Agnes Farley; secretary, Mary A. Smith; treasurer, Mrs. Mary Baumann. **New York City.**—THE JANE A. DELANO POST 344 makes the following announcement: "Many ex-service nurses on their return to America after the signing of the Armistice and since that time, joined the Jane A. Delano Post 344, New York. During the first year and a half of the Post's existence, a referendum on the Bonus was taken at which time an overwhelming majority voted against a bonus, but just as overwhelming a majority voted that the sick, disabled and needy should receive more than the Government was at that time giving these unfortunate comrades whose service had rendered them unable to carry on their usual vocation. This is just what one would expect of a group of women who volunteered their service and whose profession makes them more sympathetically understanding. The foregoing explains the reason for the Jane A. Delano Post offering to serve any ex-service nurse who enlisted in New York State and who feels she is entitled to this help. $10 for each month's service between the dates of April 6, 1917, and November 11, 1918, is available on application accompanied by a certified copy of honorable discharge. In offering to assist any nurse, we do so in fairness to those who believe in accepting the bonus as well as those who do not. The money has been appropriated by the State Legislature and any ex-service nurse who is sick or disabled on account of service is eligible to receive her share. However, there are many who do not wish to accept any part of this, but would wish it to go towards an organization active in the care of disabled and sick world war veterans. The outstanding organization is the Veterans' Mountain Camp, Inc., of the New York State American Legion, which was formally opened June, 1923, and which every Legionaire as well as those who are not Legionaires should liberally support. This seems the one opportunity for ex-service persons to show the public that they are really interested in the

care of their comrades. Any nurse who wishes to assign part or whole of her share to the Veterans' Mountain Camp may do so at the time of filing her application, as, under the provisions of the bill, such an assignment may be made by the applicant filling in the space arranged for just such a gift. In the name of Jane A. Delano, let the nurses of New York State show their sympathy for their less fortunate comrades and honor her name by liberally assigning part or whole of their bonus to the Camp for disabled war veterans. For further information address Mary Pattison, Adjutant Jane A. Delano Post, 149 West 12th Street, New York." THE INDUSTRIAL NURSES' CLUB met at the Metropolitan Life Insurance Building, March 11, and after a dinner and business, enjoyed a talk on Eye Hazards in Industry by Mrs. Winifred Hathaway, secretary of the National Committee for the Prevention of Blindness. MOUNT SINAI HOSPITAL SCHOOL OF NURSING graduated a class of 75 on March 20, exercises being held in Blumenthal Auditorium. Addresses were given by Prof. William Starr Myers of Princeton and by Irving Cobb. NEW YORK HOSPITAL held graduating exercises for a class of 22 in the Administration Building, March 12. Blanche Blackman has resigned her position as Superintendent of Nurses at Broad Street Hospital, and will assume the duties of Superintendent of Nurses at the Springfield Hospital, Springfield, Mass., June 1. Mrs. M. H. D. Hopkins, a graduate of the Roosevelt Hospital, has become associated with Messrs. Lehn & Fink, wholesale druggists. **Poughkeepsie.**—THE VASSAR BROTHERS HOSPITAL ALUMNAE ASSOCIATION held a regular meeting on April 2, at Nurses' Hall. The revision of by-laws presented by Inez Urquhart, chairman of the Revision Committee, was adopted. Miss Ehrenfeld of the American Nurses' Association gave an interesting talk on Opportunities for Nurses. **Rochester.**—DR. CHRISTOPHER PARHALL of the University of Michigan has been chosen to succeed Mary L. Keith as Superintendent of the Rochester General Hospital. Miss Keith will serve until July, her resignation having been presented last fall. THE GENESEE VALLEY NURSES' ASSOCIATION held a business meeting at the club house, March 25. Legislation was discussed. A tea was given for the graduating classes of the District on April 27. THE ROCHESTER GENERAL HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on January 8 and elected officers: President, Lucy M. Bayley; vice-presidents, Carlotta M. Herman, Olive Weld; secretary, Elizabeth Carter; treasurer, Katherine Schmitt. Mary F. Laird, class of 1909, has been appointed a member of the Board of Managers of the Hospital. The Alumnae Association gave a dinner at the Century Club on March 1st which was both a reunion of graduates and a farewell tribute to Miss Keith, Miss Jones and Miss Smith. A fitted suitcase was presented to each. **Syracuse.**—Mildred Redfield, class of 1919, Massachusetts General Hospital, has been appointed Assistant Superintendent of Nurses at the Hospital of the Good Shepherd.

North Carolina: THE BOARD OF EXAMINERS OF TRAINED NURSES OF NORTH CAROLINA will hold an examination in Winston Salem, May 22, 23, 24, at the Robert E. Lee Hotel. Applicants may communicate with Dorothy Conyers, Secretary, Greensboro. THE NORTH CAROLINA STATE NURSES' ASSOCIATION will hold its annual meeting on May 27-29, at the Robert E. Lee Hotel, Winston Salem. **Asheville.**—District 1 held its March meeting at the Nurses' Home, Biltmore. Mrs. R. D. Bedinger gave a very interesting address about health conditions in the Belgian Congo, where she has been for a number of years in missionary work. The Senior classes of the various training schools in the district were invited guests. Miss Laxton and her assistants were hostesses at the social hour which followed.

Ohio: THE NURSES' EXAMINING COMMITTEE OF THE OHIO STATE MEDICAL BOARD will hold an examination June 9, 10 and 11. Applications must be submitted well in advance. Carolin V. McKee, Chief Examiner. **Lima.**—A new hospital is to be erected at a cost of $600,000. Building will commence this summer. **Lorain.**—THE PUBLIC HEALTH NURSES of Lorain County have organized with the following officers,—President, Ruth Paddock; vice president, Ella McCarthy; secretary-treasurer, Julia Olson. Meetings will be held monthly at which subjects of interest

to nurses engaged in any phase of public health will be presented and discussed. **Youngstown.**—Catherine DeLaney, (class of 1897, Williamsport Hospital, Williamsport, Pa.) has been appointed registrar of the Official Nurses' Directory, succeeding Miss Evans who served faithfully for four years.

Oregon: Grace Taylor of Salem has been appointed a member of the STATE BOARD FOR THE EXAMINATION AND REGISTRATION OF NURSES to succeed Grace E. Phelps of Portland. The officers of the Board now are: President, Emily Sanders; secretary, Jane V. Doyle. **Portland.**—Mary A. Brownell, supervisor for tuberculosis work in the Visiting Nurse Association, has gone to New York to serve as second assistant director of the National Organization for Public Health Nursing. She is succeeded by Grace E. Quirk, (St. Mary's Hospital, Detroit,) who has been doing county nursing at Walla Walla, Wash. Stacia Walsh has recently returned from her child welfare work in Siberia.

Pennsylvania: THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES will hold examinations for applicants in southeastern Pennsylvania in May, June, October and November, 1924; in southwestern Pennsylvania in May, October and November, 1924; in northeastern Pennsylvania in June and October, 1924; and in northwestern Pennsylvania in June and October, 1924. **Allentown.**—THE ALUMNAE ASSOCIATION OF THE ALLENTOWN HOSPITAL held a meeting on April 7, when arrangements were made for the yearly reception to the graduating class which will follow the graduating exercises, some time during the last week in May. A homecoming for all graduates of the hospital and the college will be one of the features of commencement week. A special committee for this work was appointed with Elsie Whetstone, chairman. At the meeting to be held on May 5, the graduates of the last three classes,—1924, 1923 and 1922 will be guests. Changes in the by-laws were approved and prepared to submit to the State body for final approval. $80 was contributed to the State Legislative fund. **Clearfield.**—THE CLEARFIELD ALUMNAE ASSOCIATION held its annual meeting at the Nurses' Home, April 3. Officers were elected and business completed for the past year. **Columbia.**—THE NURSES' ALUMNAE ASSOCIATION OF THE COLUMBIA HOSPITAL held a regular meeting in the Nurses' Home, April 8. Mrs. Frank, second vice president, presided. Miss Essig sent an interesting report of the annual meeting of District 1. Evelyn Kunkle has resigned as night supervisor, she is succeeded by Ruth B. Bottomley. **Harrisburg.**—THE ALUMNAE ASSOCIATION OF THE HARRISBURG HOSPITAL held its April meeting on the 22 in the lovely new nurses' home which the members hope will be an attraction for those who live out of town and will bring them all for the big time planned for commencement which will be the last of May. All should be ready to come on receiving her invitation. The class having the largest percentage present will hold the loving cup for 1924. Those at home are looking forward to having the others with them for the two big days and hope nothing will keep them away. They will welcome all graduates of the Hospital. **Johnstown.**—Ida F. Giles is Director of Nurses at the Conemaugh Valley Memorial Hospital. **Lebanon.**—THE GOOD SAMARITAN HOSPITAL ALUMNAE ASSOCIATION held a meeting at the Nurses' Home, Hathaway Park, March 1. Two missionary nurses were present who spoke most interestingly on their work,—Mrs. Alice Daughterty Musselman of Africa and Mrs. Martha Peiffer Kauffman of China. A fine address was given by Dr. William M. Guilford, Dean of the Nurses' School. An informal reception to the visiting members followed. **Philadelphia.**—THE HAHNEMANN HOSPITAL NURSES' ALUMNAE ASSOCIATION has decided to add a technician's course and one in anesthesia to the Scholarship and Loan Fund; to place $1,000 of that fund in the Savings Fund until a decision can be reached as to investment; to revise its by-laws. Seven members have been added since the first of the year. THE ALUMNAE ASSOCIATION OF THE HOSPITAL OF THE PROTESTANT EPISCOPAL CHURCH, held its regular monthly meeting in the Nurses' Home, April 2. It was decided to have the Homecoming for the graduates of the School, May 23 and 24, following Commencement which is to be held May 22. THE NURSES ALUMNAE ASSOCIATION OF THE HOWARD HOSPITAL elected officers for the year as follows: President, Mrs. Emil C. Wagner,

(Carrie Price Wagner); vice president, Mrs. William Cassedy, (Jessie Lane Cassedy); secretary, Mrs. James M. Rose, (Mildred Reighard Rose); treasurer, Alice M. Woodward. $52 was contributed to the Nurses' Relief Fund. Twelve new members were received during the year and one honorary member. The rummage sale in March was successful. A dance will be given May 5, at the New Century Club, for the Beneficial Fund. **Pittsburgh.**—Katheryn Joyce Post 509 at its March meeting voted to create a special fund in memory of all deceased members to be known as the Memorial School Medal Award Fund of Post 509. This fund is to be maintained by contributions and by ten per cent from the profits of all entertainments given by the Post. Medals will be purchased from year to year to be distributed to girls in the eighth grade of the public and parochial schools and the fund will also help those who wish to continue in high school work with a view to entering a school of nursing. At the April meeting of the Nurses' Alumnae Association of the Allegheny General Hospital, arrangements were completed for a Homecoming Reunion of physicians and nurses of the hospital and a reception to be held at the William Penn Hotel, Pittsburgh, following the graduating exercises of the class of 1924, to be held at the First Presbyterian Church, May 15 at 8 p. m. All graduates are urged to make a special effort to be present. The Alumnae of the Mercy Hospital held a special meeting, March 27. Roger Flannery delivered a very interesting address on Organization to the members. The meeting was closed with a luncheon served by the Relief Committee. The name of the "Sick Committee was changed to "Relief Committee". Alumnae dues were raised to $12 per year for resident members and $9 for non-resident members. This amount is now due and payable in January of each year. For this amount you have the following: membership in your own Alumnae, in the Sixth district or the district in which you live, in the State Association, and in the National Association. A subscription to *The American Journal of Nursing* is also included. Each year, $3 of the twelve will be placed in the Reserve Fund which will take the place of a Sick Fund. A special course in Parliamentary Law and public speaking, under the supervision of the University of Pittsburgh, was finished April 7. The Annual Ball was held at the New University Club, April 25. The annual Reunion will be held May 12. The Alumnae will entertain the Graduating Class at a dance to be given May 13 at the Knights of Columbus Club House. Miss Gannon, parlimentarian, delivered six lectures, three each week at six o'clock for the night nurses and eight o'clock for the day nurses. The members of the Alumnae and the Senior nurses of the training school attended. Expenses were defrayed by the Association. **Reading.**—Graduates of the three hospitals,—Reading Hospital, St. Joseph's, and Reading Homeopathic, united in giving a roast beef supper. More than one thousand people were served. The proceeds will be used to defray expenses of entertaining the State Association which meets here in October. **Williamsport.**—District 4 met on March 22 and heard a most interesting address by Margaret Dunlop, a member of the State Board on Registration and the Necessity for Re-registration.

South Dakota: The South Dakota State Nurses' Examining Board will hold an examination for registration of nurses at Pierre, Capitol Building, on June 3 and 4, 1924. Applications must be filed with the Secretary, Mrs. Elizabeth Dryborough, Rapid City, at least two weeks in advance of the examination. **Rapid City.**—District Association No. 1 will hold its annual meeting in Rapid City, May 5. **Aberdeen.**—The annual meeting of District Association No. 3 will be held in Aberdeen, May 13.

Tennessee: Chattanooga.—District 4, at a recent meeting held at the Hamilton Club, heard a most interesting talk on Egypt by Dr. Sarah May White, who had herself witnessed part of the excavation done by Lord Carnarvon.

Texas: The Texas State Nurses' Association will hold its annual meeting, June 11-13, in Dallas, at the Jefferson Hotel. It is hoped a large delegation will go from there to Detroit. An Institute for Nurses was held under the auspices of the State League of Nursing Education at the University of Texas, Austin, February 4-9. Letters and programs were sent to public health nurses,

private duty and institutional nurses in all sections of the state. The Department of Publicity of the University gave valuable aid in publishing notices in the leading newspapers. As a result, about one hundred nurses, representing all branches of nursing were in attendance. The program was carried out as planned. Louise Dietrich, Educational Secretary, State Board of Nurse Examiners, gave a summary of her work in the field. Miss Dietrich stated several small schools of nursing were already considering affiliations with larger institutions and that one or two of the larger schools were planning to give postgraduate work along specialized lines. Clara May Parker, Adjunct Professor of the Art of Teaching of the University, discussed methods of teaching and questioning. Her two talks called forth a great deal of interest. The discussions brought forth by the lectures given by Dr. Caswell Ellis on Psychology and Dr. Max Handman on Sociology bore tribute to the fact that nurses are awakening to the importance of these studies as part of the preparation for nursing. Grace Grey, Dean of the School of Nursing, John Sealy Hospital, Galveston, read a most instructive paper on the teaching of Anatomy and Physiology. Miss Grey stressed the importance of these subjects as basic studies, a thorough consideration of which necessarily comes in the early part of the nurse's training. An interesting lesson on Personal Hygiene was taught to a group of student nurses by Elsie Maurer, Dean of the School of Nursing, Baylor Hospital, Dallas. Miss Maurer emphasized the fundamental importance of health as one of the most valuable assets to the nurse. Ardena Reber, Instructor of Practical Procedure, Baylor Hospital, Dallas, gave a practical demonstration of the application of heat. Other special features added to the general interest of the week. On one evening the Department of Visual Instruction contributed a program of films relating to nursing education. A reception at the Women's Faculty Club; a dinner at the Commons, the University Cafeteria; a scenic drive around Austin furnished pleasant diversions. A Nutrition and Health Institute, sponsored by the Division of Nutrition and Health of the University ran parallel with the Nurses' Institute during the last three days of the week. As Dr. William Palmer Lucas of California and Professor C. E. Turner of the Massachusetts Institute of Technology were on the Nutrition and Health program, combined sessions were held in order that all might hear these speakers. Considering Texas as a state of magnificent distances it was very inspiring to realize that so many had traveled for this occasion. It was also very gratifying to note that of those present, so many represented small schools of nursing. In addition, private duty nurses, public health nurses and public school teachers were in attendance during the whole week, or for special sessions. When the small school of nursing is thinking in terms of providing better educational advantages for its students, we feel that the signs of the times are most hopeful. This Institute was the second of the kind attempted in Texas, the first having been held in Dallas about a year ago. Both have proved very worth while and plans for future institutes will be decided upon at the State meeting.

Utah: Salt Lake City.—St. Mark's Alumnae Association held its annual meeting at the Hospital on March 26, when the following officers were elected: President, M. Jacobsbagen; secretary, E. Doherty; treasurer, Mrs. E. Young.

Vermont: The Board of Registration of Nurses will hold state examinations at Montpelier, May 8 and 9. Mrs. Marion Allen, Secretary, St. Johnsbury. The Vermont State Nurses' Association will hold its annual meeting on May 20 at the New Sherwood Hotel, Burlington. State legislation and consideration of the draft of a proposed new law for the registration of nurses and attendants will be the principal business. Miss Ehrenfeldt of the American Nurses' Association Headquarters will be a speaker. A reception after the evening session will close the meeting.

Virginia: The State Association of Nurses will hold its annual meeting in Roanoke, at the Hotel Roanoke, May 27-29.

Washington: The Washington State Graduate Nurses' Association will hold its annual meeting in Spokane, June 10-12.

Wenatchee.—Jeannette M. Sigerson, after

nine years of service as Superintendent of the Central Washington Deaconess Hospital, has resigned to take an extended rest. Lena Worthington, formerly at St. Luke's, Spokane, succeeds her.

Wisconsin: THE BOARD OF EXAMINERS OF THE STATE BOARD OF HEALTH will hold an examination for graduate nurses in Milwaukee and La Crosse May 27, 28 and 29. All applications must be in the office of the Bureau of Nursing Education not later than May 10. **Janesville.**—The March meeting of the SECOND DISTRICT was held at Mercy Hospital. Dr. A. Pleyte of the Wisconsin Anti-tuberculosis Association gave a very interesting paper on Tuberculosis. The District voted its share to the Legislative and Louvaine Library funds. **Milwaukee.**—THE FOURTH AND FIFTH DISTRICT held its meeting at the Wisconsin Nurses' Club, March 11. L. Schmidt of the Reel Silk Hosiery Mills gave an illustrated lecture. The St. Joseph's Alumnae were hostesses. The Intermediate class of Mount Sinai Hospital furnished amusement to its fellow students and friends by giving a circus performance last month. Nothing was lacking from toe dancing to red lemonade. The monthly meeting of the MOUNT SINAI ALUMNAE was held March 10. Helen Whipperman, Superintendent of the hospital, acted as hostess. **LaCrosse.**—Myra Kimball has resigned as Superintendent of Nurses at the LaCrosse Hospital on account of the illness of her mother; Stella Brakke, a graduate of the hospital, succeeds her. Juan Mutchman has resigned as Superintendent of the LaCrosse Lutheran Hospital; Edna Miller is acting superintendent. Esther Beach has been appointed superintendent of the Grand View Hospital. **Neenah.**—THE SIXTH DISTRICT, at its March meeting, enjoyed a talk by Dr. Frank Bowman of the State Board of Health on The Work of the Public Health Nurse. The Association has subscribed $75 to the Nurses' Relief Fund. **Wausau.**—THE EIGHTH DISTRICT held its March meeting here with 21 in attendance. Two new members bring the enrollment to 30. The Association has affiliated with the District Federation of Women's Clubs. J. W. Coates spoke on the Business and Professional Woman's Club. It was decided to send $1 per capita to the Nurses' Relief Fund. Luncheon was served at the Hotel Wausau at one o'clock. Following it, an illustrated talk was given by Dr. Merritt Jones on Rehabilitation of the Maimed. W. W. Albers gave an account of his trip to the Orient.

Wyoming: Cheyenne.—THE MEMORIAL HOSPITAL has just completed a new nurses' home which is most attractive and convenient. The hospital and home are as up-to-date as any to be found in the east. The buildings are surrounded by fine trees and a wide lawn. The first class to graduate consists of five members. Exercises were held on April 10, at the Carnegie Library. The interest of the community was shown by the presence of the Governor of the State, the State Superintendent of Public Instruction, the President of the State Nurses' Association, a District Judge, ministers and doctors. Addresses were made by Mrs. Robert A. Morton, Mrs. Fred Phifer, and Judge Kennedy. The diplomas were presented by Rev. R. T. Caldwell and the pins by Katherine Matthews, Supervisor of Nurses.

MARRIAGES

Beatrice H. Burnell (class of 1918, Allentown Hospital, Allentown, Pa.), to Edward Russell, March 26. At home, Philadelphia.

Minnette Belle Butler (class of 1903, Maine General Hospital, Portland), to Norman Emery Seavey, March 17. At home, Dover, N. H.

Ruth Cook (class of 1918, King's Daughters' Hospital, Staunton, Va.), to J. L. Dowling, March 15. At home, Detroit, Mich.

Grace M. DeLude (class of 1922, St. Mary's Hospital, Detroit, Mich.), to Stanley Insley, M.D., March 3. At home, Detroit.

Martha E. Gelineau (class of 1922, St. Mary's Hospital, Detroit, Mich.), to Justin Bammel, February 27. At home, Detroit.

Florence Gerhart (Army School of Nursing), to Capt. Charles Mabbutt, March 15. At home, Reading, Pa.

Florence Elizabeth Gordon (class of 1918, Altoona Hospital, Altoona, Pa.), to Ernest Moffett Harman, Jr. At home, Los Angeles, Calif.

Olive Geseline (class of 1917, F. F.

Thompson Hospital, Canandaigua, N. Y.), to Lawrence Holcomb, March 22.

Edna Grabill (class of 1915, Germantown Dispensary and Hospital, Germantown, Pa.), to Edgar Gifford, March 15. At home, Whitewater, Wis.

Aldecea Hampton (class of 1921, Erlanger Hospital, Chattanooga, Tenn.), to Dan Congleton, April 1. At home, Charleston, W. Va.

Clara Idah Herbert (class of 1919, Pottsville Hospital, Pottsville, Pa.), to Adam Radzierich, March 12. At home, Minersville, Pa.

Helen F. Hill (class of 1919, Children's Mercy Hospital, Kansas City, Mo.), to Ernest McAllister, February 16. At home, Sweet Springs, Mo.

Marjorie Ferris Hill (class of 1918, Boston City Hospital, Boston), to Edward S. Cody, March 22. At home, Chicago.

Rose Israel (class of 1920, Grace Hospital, Detroit, Mich.), to Harry Latt, February 10. At home, Detroit.

Fern Judge (class of 1917, Lakeview Hospital, Danville, Ill.), to Harry Sheridan, March 4. At home, Atlanta, Ga.

Kathleen Kiggins (House of Mercy Hospital, Pittsfield, Mass.), to Robert Coughlin, February 25. At home, Brooklyn, N. Y.

Evelyn Kunkle (class of 1922, Columbia Hospital, Columbia, Pa.), to Robert Wagner. At home, Columbia.

Ellen H. Loos (class of 1917, Presbyterian Hospital, Pittsburgh), to Herbert M. Stahlnecker, February 20. At home, Philadelphia.

Harriet Hoyt McCleaky (class of 1922, Clearfield Hospital, Clearfield, Pa.), to Harry G. Shaffer, February 20. At home, Grampian, Pa.

Irene McGeogh (class of 1921, Altoona Hospital, Altoona, Pa.), to Max L. Yahner, February 19. At home, Ebensburg, Pa.

Adele Lorraine Martyne (class of 1914, Hahnemann Hospital, Philadelphia), to Frank Spellman, February 29. At home, Elmira, N. Y.

Mary Elizabeth Memmert (class of 1917, Germantown Dispensary and Hospital, Philadelphia) to William C. Jones, March 17. At home, Ashland, Va.

Anna C. Raven (class of 1918, Philadelphia General Hospital, Philadelphia, Pa.), to William L. Luetzel, February 16.

Lillian M. Reese (class of 1917, Suburban General Hospital, Bellevue, Pa.), to William Ulrich, in February. At home, Detroit, Mich.

Rena Rowland (class of 1920, Erlanger Hospital, Chattanooga, Tenn.), to B. I. Jacobs, M.D., April 12. At home, Chattanooga.

Margaret W. Scott (class of 1911, Germantown Dispensary and Hospital, Philadelphia), to William K. Elderton, February 27. At home, Mt. Airy, Philadelphia.

Blanche E. Sharer (class of 1921, Army School of Nursing, Washington, D. C.), to Arno von Koenneritz, March 20. At home, Princeton, Ill.

Carrie Shoemaker (class of 1908, Methodist Hospital, Philadelphia), to Frank S. Henneberger, March 4. At home, Greencastle, Pa.

Elizabeth F. Swartz (class of 1920, Woman's Hospital, Philadelphia), to Andrew White, April 9. At home, Boston, Mass.

Elise Walters (class of 1919, Erlanger Hospital, Chattanooga, Tenn.), to Branwell Stevens, M.D., April 6. At home, El Paso, Texas.

Cornelia Wilbanks (class of 1923, Georgia Baptist Hospital, Atlanta), to Colonel J. C. Reeves, April 3. At home, Cave Springs, Ga.

Lockie Wilson (class of 1921, Erlanger Hospital, Chattanooga, Tenn.), to J. A. Moffitt, M.D., April 2. At home, Chattanooga.

DEATHS

Mary Wolf Baker (class of 1923, Clearfield Hospital, Clearfield, Pa.), on March 4, at the Harrisburg General Hospital, Harrisburg, where she was Superintendent of the Maternity Ward. Miss Baker's death was due to a streptococcus infection of the throat.

Miss Bassett (class of 1886, Boston City Hospital, Boston, Mass.), in February. Miss Bassett suffered from an increasing blindness. Burial was at Mount Hope Cemetery.

Pauline Engleman (class of 1900, St. Louis Baptist Hospital, St. Louis, Mo.), December 21, 1923, at her home in St. Louis, after an illness of several months. Miss Engleman did private duty and as such was a faihtful and conscientious worker. She had

many friends in the profession. Burial was at St. Louis.

Mrs. Emma Powers Fenlon (class of 1891, Rochester General Hospital, Rochester, N. Y.), recently, at Waukesha, Wis., of carcinoma of the stomach.

Mary A. Gately, on February 3, at the age of ninety. Miss Gately was Sister Catherine, of the order of The Sisters of Charity. She was, perhaps, the oldest Civil War nurse. In 1923 it was said there were but five Civil War nurses living.

Edna Lorie (class of 1910, Mount Sinai Hospital, New York), at Biltmore, N. C., February 13, of pneumonia.

Edna Pfeifer (class of 1909, College of Nursing, University of Texas, John Sealy Hospital, Galveston), on April 9, after a long and painful illness. Miss Pfeifer was a woman of high principles with mentality above the average and her associates feel that the Alumnae and the nursing profession have suffered the loss of one of their most valuable members.

Ruth Helen Reed (class of 1914, St. Louis Baptist Hospital, St. Louis, Mo.), on January 5, at the Deaconess Hospital, St. Louis, after an illness of one week. Miss Reed entered Army Service in the early days of the World War and was in service until the time of her death. Burial was at Alton, Illinois, with full military honors. Alton Legion furnished the Firing Squad and Legionnaires acted as bearers.

Della Christine Soll (class of 1917, Lakeside Hospital, Chicago, Ill.), on January 25, at her home near Tipton, Iowa. Following her graduation Miss Soll was Superintendent of Nurses at Lakeside Hospital for two years. To her students she symbolized the best of professional ability and sincerity. All who were trained under her supervision carried away a true picture of all that a nurse should be. Failing health obliged her to seek rest. After regaining her health she took up private duty nursing in her home community, which she followed as long as her health permitted. In character, and in the service she rendered, she represented one of the finest flowers of the nursing profession. She was beloved by all her patients and will be greatly missed. She was patient through her long illness and met death calmly.

Mrs. Alicia Radcliffe Stebbins (class of 1897, Hospital of the Good Shepherd, Syracuse, N. Y.), recently, of a duodenal ulcer, at St. Petersburg, Fla. Burial was at Clayton, N. Y.

Mary Belle Struble (class of 1891, Woman's Hospital, Philadelphia), suddenly, on March 21. For several years Miss Struble was engaged in private duty nursing in Philadelphia and Washington and held the positions of Superintendent of Nurses, George Washington University Hospital, Washington, and Superintendent of the Hebrew Hospital, Baltimore. Three years ago she was assigned to field duty under the U. S. Veterans' Bureau and held this position until failing health caused her to resign last May. The profession has suffered the loss of a faithful member.

Effie Wallen (class of 1925, Good Samaritan Hospital, Lexington, Ky.), on February 13, after an illness of three weeks caused by tubercular cerebro-spinal meningitis. Burial was at her home, Hindman, Ky.

"Look back on time with kindly eyes,
He doubtless did his best;
How softly sinks his trembling sun
In human nature's west."

—*Emily Dickinson.*

BOOK REVIEWS

MENTAL HYGIENE AND THE PUBLIC HEALTH NURSE. By V. May MacDonald, R.N. 76 pages. J. B. Lippincott Company, Philadelphia. Price, $1.50.

Mental hygiene has found a clear and vivid interpreter, and public health nurses a most helpful guide, in Miss MacDonald's concise book. It deals with practical suggestions for eradicating "the unfounded distinction between mind and body," which has so long hampered the development of mental hygiene. In order that this alliance be thoroughly understood, a plea is made for special study in the advancement of psychiatry.

That the public health nurse acts as the agent and educator between the laboratory and the community where this vast problem is causing such a heavy toll in human happiness and material resources is the keynote of the book. Into the community where prejudice, blindness and self-deception make it difficult to secure the best results from the discoveries already made, the public health nurse is urged to bring the scientific and hopeful attitude of mental disease. The close link between the success of general public health work and the development of mental hygiene is stressed, and necessity for its inclusion in public health programs is made apparent.

The second part of the book deals with the constructive side of this problem: "Mental Health and the Public Health Nurse." Many instances are given showing how mental health may be promoted and mental disorders prevented. This valuable information together with the recommended readings at the end of each chapter will help public health nurses to use the great opportunities they have in caring for those in need of mental and physical health.

This book should stimulate many toward further study so that there may be more nurses specializing in this field.

NAOMI DEUTSCH, R.N.,
New York.

MEDICINE FOR NURSES. By George H. Hoxie, M.D. 411 pages. Illustrated. 1923. W. B. Saunders Co., Philadelphia. Cloth, $2.50 net.

The content of this book consists of two divisions, Part I and Part II.

Part I contains twenty-one chapters on Communicable Diseases, and Part II contains fifteen chapters on Organic Diseases, which embodies a variety of subjects dealing with constitutional and nervous disorders.

In Part I, the author aims to inform the student nurse of the origin of Communicable Diseases and emphasizes the means of preventing them. The best feature of the first part is the arrangement of the subject matter, in which the author has discussed a variety of Communicable Diseases in the light of the modern theory of contact infection. Each subject is treated concisely, giving the mode of infection and a short outline of treatment, a great deal of emphasis is placed on prophylaxis. For this reason the book has value as a reference book for nurses, and will prove a helpful adjunct to their lectures on Communicable Diseases and Community Hygiene.

Part II touches every variety of disease, including constitutional, and nervous and mental disorders.

The author apparently aims to bring to the student the whole scope of disease with its far reaching effects.

The subject material, obviously, is much condensed, and in this as well as in the first part, the emphasis is placed on prophylaxis, and touching such a wide scope of disease only the salient points of each disease are touched upon.

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OUTLINES OF NURSING HISTORY. By Minnie Goodnow, R.N. Third edition, reset. 420 pages, 114 illustrations. W. B. Saunders Co., Philadelphia. 1923. Price, $3 net.

Since the first edition of this book in 1916, fifty pages have been added which bring the account of nursing conditions in different countries more up to date. There are 29 additional illustrations. It is true that many of them have no importance as nursing history, but they do serve to increase interest and make a connecting link between the past and present.

There are the same number of chapters, twenty-one, the first thirteen of which are identical in name and content. Chapter XIV, Nursing in Canada, is new as a chapter. It collects the facts of Canadian nursing history scattered through the first volume, and adds a very good summary of the part played by the Canadian nurses in war. Chapter XIX, in the first edition, "Nursing in the Recent European War," has become Chapter XX in the third, and is now entitled, "Nursing in the World War." This has been entirely rewritten and as is stated in the opening paragraph, confines itself to a statement of the main facts.

When one is thinking of a book to be used for pupil nurses, or others unlearned in the history of our profession, there are three points which must be considered: first, is it accurate? second, will it stimulate the reader to desire further knowledge, and third, will it show ideals which sometimes in the stress of modern living, are almost obscured to the eager young followers of our pioneers?

In our endeavor to answer the first point, comparison is naturally made with our standard History of Nursing by Nutting and Dock. There are various discrepancies, some of which can be attributed to difference in space to be found between an exhaustive four volume study, and a book purporting to be merely an outline. Others perhaps are because of difference in background and point of view of the writers. An example of this is the two accounts of the school of LaSource at Lausanne, Switzerland.

There are other statements which are so different that the seeker after truth wishes for more detail than is given in the Outlines. In Chapter II the Knights Templars are spoken of as a nursing order during the Crusades, whereas the larger volume in Volume I, page 188 says: "They were originally formed for the sole purpose of guiding and guarding pilgrims through mountain passes and other dangerous places on the way to and from Jerusalem. They were never a nursing order." In the Outlines, the statement is made in regard to the history of the American Nurses' Association, that the idea

originated with Mrs. Annette Sumner Rose, then editor of *The Trained Nurse*. The credit of the founding of our national body as it stands today is generally given to Mrs. Isabel Hampton Robb. It would seem as if more should be given to support a statement which differs so much from what is usually taught. It is true that Mrs. Rose was first to publish her idea of a national organization in *The Trained Nurse*, but this was not acted upon. Miss Hampton had dreams of the joining of all the alumnae throughout the country, and when the time was ripe, action followed along the lines she suggested. In the history of Visiting Nursing, on page 190, the Metropolitan Life Insurance Company is credited with originating the idea of establishing a visiting nurse service among its policy holders. Nutting and Dock in Volume III, page 224, say that Miss Wald made the suggestion to Dr. Frankel of the Metropolitan Life Insurance Company. While these instances are not very large divergences in themselves, they may be used as examples of seeming inaccuracies here and there which may account for the distrust of the first volume by some of our teachers.

The pupil nurse is not qualified to judge concerning this first point considered, but is able to express herself in regard to the second. The book is well arranged so that it is easy to find material in a very definite form in a short time. The summaries at the end of each chapter help largely in this. There are interesting bits of information sandwiched in which make it a history of real people, not very unlike ourselves. This, with 117 illustrations, furnish interest and make a good beginning from which deeper projects can be developed. The account of nursing conditions in South America is particularly good.

The ideal which one gets from reading its pages is really the important thing in a text-book for pupils. However much this book may differ in some facts, the importance of human service is everywhere emphasized. It is dedicated to the Nurses of America. It has the Nightingale Pledge at the beginning, which is a good thing for the student nurse to be thinking of, even before her graduation. It has a good Foreword. One of the touches which is pleasing is the inclusion of the entire poem, Santa Filomena, from which the reference to Florence Nightingale as "The Lady with the Lamp," which is frequently made, is taken.

The book is what it states in its title, Outlines of Nursing History, and as such, there is a place for it among our school books.

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LECTURES ON ENDOCRINOLOGY. By Walter Timme, M.D. 123 pages, 27 illustrations. Paul B. Hoeber, Inc., New York. Price, $1.50.

This little book is a reprint of the article, "Clinical Endocrinology," which appeared in the Neurological Bulletin in 1924. It is published in response to a continued demand. The chapters including the Thymus, the Pineal, the Thyroid, the Suprarenal, the Pituitary, and the Gonads, are simply written in interesting fashion, but the book is intended primarily for physicians.

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